FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

|                | OIVID AFFROVAL           |           |  |  |  |  |  |  |
|----------------|--------------------------|-----------|--|--|--|--|--|--|
| CIAL OWNERSHIP | OMB Number:              | 3235-0287 |  |  |  |  |  |  |
| OIAL OWNEROIM  | Estimated average burden |           |  |  |  |  |  |  |

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0.5

hours per response:

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person* <u>Appelbaum P Stephen</u> |   |  |  |         | <u>C</u>  | 2. Issuer Name <b>and</b> Ticker or Trading Symbol  CASS INFORMATION SYSTEMS INC  CASS ]  |  |                         |                          |                   |  |                         |               |   |                                 | all applicable) Director Officer (give title |   | g Person(s) to Issue  10% Owne Other (spe |  | wner<br>(specify   |
|---|---|--|--|---------|---|---|--|-------------------------|--------------------------|-------------------|--|-------------------------|---------------|---|---------------------------------|--|---|---|--|--|
| (Last) (First) (Middle) 12444 POWERSCOURT DR SUITE 550              |   |  |  |         | 3. Date of Earliest Transaction (Month/Day/Year) 01/26/2017 |   |  |                         |                          |                   |  |                         |               |   |                                 | below) below)  CFO                           |   |   |  |  |
| (Street) ST. LOU  |   |  | 53131<br>Zip)                                |         | _ 4. If   | 4. If Amendment, Date of Original Filed (Month/Day/Year)  6. Individual or Joint/Group File Line)  X Form filed by One Reference to the Person  X Form filed by More the Person |  |                         |                          |                   |  |                         |               |   | e Repo                          | Reporting Person                             |   |   |  |  |
|   |   | Tabl                                       | e I - Noi                                    | n-Deriv | /ative  | Se  | curiti   | es Ac                   | quire                    | l, Dis            | posed c  | f, o                    | r Be          | nefici  | ally                            | Owne   | ed  |   |  |  |
|   |   |  | 2. Transaction<br>Date<br>(Month/Day/Year)   |         | ar)   E   | 2A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year)   |  | Code                    | Transaction Code (Instr. |                   | 4. Securities Acquired (A)<br>Disposed Of (D) (Instr. 3,<br>5) |                         |               | 4 and Secu<br>Bend<br>Own                             |                                 | icially<br>d Following                       | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4)                               |   | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership    |  |
|   |   |  |  |         |   |   |  |                         | Code                     | v                 | Amount   |                         | (A) or<br>(D) | Pric  | e                               |  | action(s)<br>3 and 4)   |   |  | (Instr. 4)   |
| Common  | Common Stock (  |  |  |         | 6/2017  | /2017   |  |                         |                          |                   | 299  |                         | D             | \$6   | 57.5 2                          |  | 9,140(1)  |   | D  |  |
| Common  | Stock   |  |  | 01/27   | 7/2017  | 7   |  |                         | F                        |                   | 375  |                         | D             | \$67  | \$67.21 28,765 <sup>(1)</sup> D |  |   |   |  |  |
| Common  | Stock   |  |  | 01/28   | 3/2017  | 7   |  | F 129                   |                          |                   |  |                         | D             | \$67  | 7.21                            | 28,636(1)                                    |   |   | D  |  |
|   |   | Та   |  |         |   |   |  |                         |                          |                   | osed of,<br>onvertib   |                         |               |   |                                 | wned   |   |   |  |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)                 | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deem<br>Execution<br>if any<br>(Month/Da | Date,   | 4.<br>Transa<br>Code (<br>8)                                |   | of<br>Deri<br>Sec<br>Acq<br>(A)<br>Disp<br>of (I | oosed<br>D)<br>tr. 3, 4 | 6. Date Expiral (Month   | ion Da<br>/Day/Yo |  | Am<br>Sec<br>Und<br>Der | A oi N        | of<br>s<br>g<br>e<br>linstr. 3<br>mount<br>r<br>umber | Deri                            | rice of<br>vative<br>urity<br>tr. 5)         | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ov<br>Fo<br>Dii<br>or<br>(I)              | wnership<br>orm:<br>rect (D)<br>Indirect<br>(Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |

## **Explanation of Responses:**

 $1. \ Includes \ restricted \ stock \ bonus \ shares, \ subject \ to \ vesting \ and \ for feiture.$ 

## Remarks:

/s/ P. Stephen Appelbaum 01

01/30/2017

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- \* If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.