FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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| OMB APPROVAL | | | | | | | | | | | |
|--------------|-----------|--|--|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | | | |

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

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

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|--------------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | |
| Estimated average burden | | | | | | | | |
| hours per response: | 0.5 | | | | | | | |

| | e conditions of ee Instruction 1 | | | | | | | | | | | | | | | | | | |
|--|--|--|--------------------------------|---|--------|--|---|-----|-----------------|---|---|--|--------------------------------|---|---|---------------------------------------|------------|------------|-----------|
| 1. Name and Address of Reporting Person* RUPP JOSEPH D | | | | 2. Issuer Name and Ticker or Trading Symbol CASS INFORMATION SYSTEMS INC | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | | | | |
| KOTT JOSEFIT D | | | | CAS | S | | | | | | | | | ✓ Director | | | 10% Ov | | |
| (Last) (First) (Middle) | | | | | - | | | | | | | Officer (give title below) | | | Other (s below) | specify | | | |
| 12444 POWERSCOURT DR | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) | | | | | | | | | | | | | |
| SUITE 550 | | | | 09/1 | 9/202 | 4 | | | | | | | | | | | | | |
| SUITE 550 | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | | | | |
| (Street) | | | | | | | ŕ | | Ū | | • | | , | Line | | | | | |
| ST. LOU | IS MO | O 6 | 3131 | | | | | | | | | | | V | _ | filed by On | | • | - 1 |
| | | | | | | | | | | | | | | | Form Perso | filed by Mo on | re thai | n One Repo | orting |
| (City) | (Sta | ate) (Z | <u>Z</u> ip) | | | | | | | | | | | | | | | | |
| | | Table | I - No | n-Deriva | tive S | Secui | rities | Δca | uired | Dis | posed of | or F | Rene | ficial | lv Own | ed | | | |
| 1 Title of 9 | Pagurity (Incl | | - 110 | 2. Transact | | _ | eemed | | 3. | | - I | - | | | 5. Amo | | 6.04 | vnership | 7. Nature |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | | Execution Date, | | ate, | Transaction Disposed Of (D) (Instr. 3, Code (Instr. 5) | | | 4 and Securi Benefi Owned | | ties Fe icially (I d Following (I) | | n: Direct r Indirect istr. 4) | of Indirect Beneficial Ownership | | | | |
| | | | | | | | Code | v | Amount | (A) (D) | or P | rice | | ported insaction(s) str. 3 and 4) | | | (Instr. 4) | | |
| Common Stock 09/19/2 | | | | 2024 | | | | A | | 301 | A | . \$ | 43.09 | 18 | ,178(1) | | D | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | Execution Date, Transaction of | | | ative rities ired osed | Expiration Date (Month/Day/Year) Amount of Securities Underlying Derivative Security (Ins. 3 and 4) | | | | | | | | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | | | |
| | | | | | Code | v | (A) | (D) | Date Exercis | able | Expiration Date | Title | Amo or Num of Shar | ber | | | | | |

Explanation of Responses:

1. Includes restricted stock bonus shares, subject to vesting and forfeiture.

Remarks:

/s/ Joseph D. Rupp

09/23/2024

** Signature of Reporting Person

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.