FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, [| D.C. 20549 |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | |
| OMB Number: | 3235-0287 | | | | | | | | | | |
| Estimated average burden | | | | | | | | | | | |
| hours ner resnonse | . 0.5 | | | | | | | | | | |

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* 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 | | | | | CASS] | | | | | | | | - | X | X Director | | 10% Owner | | wner | | |
| (Last) (First) (Middle) | | | | | | 1 | | | | | | | | | Office below | er (give title /) | | Other (below) | specify | | |
| 12444 POWERSCOURT DR | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/23/2022 | | | | | | | | | | | | | | | | | |
| SUITE 550 | | | | | | | | | | | | | | | | | | | | | |
| | | | | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | | |
| (Street) | TC M | 2 | 2121 | | | | | | | | | | | X | Form | filed by On | e Rep | orting Pers | on | | |
| ST. LOU | IS MO | J 6 | 3131 | | | | | | | | | | | | Form Perso | filed by Mo | re tha | n One Rep | orting | | |
| (City) | (Sta | ate) (Z | <u>Z</u> ip) | | | | | | | | | | | | | | | | | | |
| | | Table | I - No | n-Deriva | tive S | Secu | rities | Acq | uired, | Dis | posed of | , or B | Benefi | cially | Own | ed | | | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | | | Execution Date, | | | 3. Transaction Code (Instr. 8) 4. Securities Disposed Of 5) | | | | 4 and Securi Benefi | | ies cially Following | Form (D) o | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
| | | | Code | v | Amount | (A) or (D) Pri | | e | Transa | ransaction(s) nstr. 3 and 4) | | | (11150.4) | | | | | | | | |
| Common Stock 06/23/2 | | | | | 2022 | | | A | | 369(1) | A | . \$3 | 33.82 | | 2,181(2) | | 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) | rivative conversion or Exercise Price of Derivative Security Date (Month/Day/Year) Execution Date, if any (Month/Day/Year) | | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Exercisable Expiration Date | | 7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4) Amoun or Numbe of Title Shares | | Dei See (Ins | Price of rivative curity str. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | | | |

Explanation of Responses:

- 1. Restricted stock bonus award; restrictions cliff expire on third anniversary date of the award.
- 2. Includes restricted stock bonus shares, subject to vesting and forfeiture.

Remarks:

/s/ Joseph D. Rupp

06/27/2022

** 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.