FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington,	D.C.	20549		

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OMB APF	PROVAL
OMB Number:	3235-0287
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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 defense conditions of Rule 10b5-

## 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

1(0). 3	ee Instruction 1													_					
1. Name and Address of Reporting Person* Schilling Randall L			2. Issuer Name and Ticker or Trading Symbol CASS INFORMATION SYSTEMS INC							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)									
			CASS INFORMATION SYSTEMS INC [ CASS ]								V	☑ Director 10% Own			wner				
						,,,									Office	er (give title		Other (: below)	specify
(Last) (First) (Middle) 12444 POWERSCOURT DRIVE				3. Date of Earliest Transaction (Month/Day/Year)							1	DCIOV	•,		below)				
		OKI DRIVE			12/1	9/202	24												
SUITE 550					4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Ind	6. Individual or Joint/Group Filing (Check Applicable						
(Street)														Line)	Form	filed by On	o Bone	ortina Doro	on
ST. LOU	JIS M	0 6	53131											•		filed by Mo		•	
															Perso			·	Ü
(City)	(St	ate) (	Zip)																
		Table	l - No	n-Deriva	tive S	Secu	ritie	s Acq	uired,	, Dis	posed of	, or E	Bene	ficiall	y Own	ed			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)			Execution Date,		3. Transaction Code (Instr. 8)  4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)				5. Amo Securit Benefic Owned Report	ties cially Following	Form (D) or	: Direct	7. Nature of Indirect Beneficial Ownership (Instr. 4)						
								Code	v	Amount	Amount (A) or (D)		Price	Transaction(s) (Instr. 3 and 4)				(111501. 4)	
Common Stock 12/			12/19/2	2024		A		307	A	.   ;	\$42.26	5 28,154(1)		D					
		Та	ble II -								osed of, convertib				Owne	d			
1. Title of Derivative Security (Instr. 3)  Conversior or Exercise Price of Derivative Security		3. Transaction Date (Month/Day/Year)	Executi if any	A. Deemed xecution Date, any Month/Day/Year)		iransaction code (Instr. )  5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		ivative urities uired or oosed O) tr. 3, 4	6. Date Expirat (Month	ion Da		7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		De Se (In	Price of rivative curity str. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	y G	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficia Ownersh (Instr. 4)
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amo or Num of Shai	ber					

## **Explanation of Responses:**

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

## Remarks:

/s/ Randall L. Schilling 12/20/2024

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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.