FORM 4

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

Washington, D.C. 20549

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OMB APPROVAL												
	OMB Number:	3235-0287										
	Estimated averag	o burdon										

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

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Estimated average burden hours per response: 0.5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person*     Clermont Ralph W					2. Issuer Name and Ticker or Trading Symbol CASS INFORMATION SYSTEMS INC CASS ]									k all app Direc			10% Owner		
(Last) 12444 PC SUITE 5		st) (I URT DRIVE	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 12/19/2024									Officer (give title below)		Other (s <sub>i</sub> below)		specify
(Street)		O 6	3131		4. If <i>I</i>	Amend	lment,	Date o	f Origina	al Filed	d (Month/Da	y/Year)	)	6. Indi Line)	Form	filed by On filed by Mo filed by Mo	e Rep	orting Pers	on
(City)	(St		Zip)	-Doriva	tive 9	Secu	ritios	Δ.c.α	uirod	Die	nosed of	orB	Rono	ficially	, Ωwn				
Table I - Non-Deriva  1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)					tion 2A. Deemed		d Date,	3. Transaction Code (Instr.		4. Securities Acquired (A Disposed Of (D) (Instr. 3,		() or	5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	(A) or (D) Pr		rice	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common Stock 12/19				12/19/2	2024				A		307 A		. \$	42.26	21,610 <sup>(1)</sup>		D		
		Tal									osed of, convertib				Owne	d			
1. Title of Derivative Security (Instr. 3)  2. Conversic or Exercis Price of Derivative Security		(Month/Day/Year)   if any		emed ion Date, //Day/Year)  4. Transa Code (				6. Date Exercisable a Expiration Date (Month/Day/Year)		te	7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		De Se (In	Price of rivative curity str. 5)	vative derivative urity Securities		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirec Beneficia Ownershi (Instr. 4)	
					Code				Date Exercisable				Amo or Num						

## **Explanation of Responses:**

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

## Remarks:

/s/ Ralph W. Clermont \*\* Signature of Reporting Person 12/20/2024

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.