## FORM 5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

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

**OWNERSHIP** 

Machinaton	$D \subset$	20540
Washington,	D.C.	20549

## ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OMB Numb

ı	OMB APPRO	VAL
	OMB Number:	3235-0362
	Estimated average burd	en
ı	hours per response:	1.0

Term 3 Holdings Reported

Instruction 1(b).

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Date (Month/Day/Year)   Execution Date, (fany (Month/Day/Year)   (Month/Day/Year)   Fandament   Transaction Code (Instr. Sec Acq (A) Disj				vative (Month/Day/Year) Securities uired or cosed (b); r. 3, 4				Amou Secu Unde Deriv	rlying ative rity (Instr. 3	Der Sec (Ins	Price of ivative urity str. 5)	itive derivative ity Securities		10. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Beneficial Ownership (Instr. 4)	
		Та	ble II - Derivat (e.g., pı	ive Secur uts, calls,									wned					
Common Stock			12/20/2004			G		1	,750	D	\$0		55,885			D		
Common Stock			12/16/2004			G		1	,000	D \$0			57,635			D		
Common Stock			11/29/2004		G		j		250	D \$0		58,635		,635		D		
Common Stock		11/29/2004			C	3	2	250	D	D \$0		58,898			I	Shares owned by spouse		
				(Month/Day/Year)		8)		Amou	nt	(A) or (D) Price		Owned at er Issuer's Fisc Year (Instr. 3 4)		Fiscal	(D) or Indire (Instr	lirect (I)	Ownership (Instr. 4)	
1. Title of Security (Instr. 3) 2. Transaction Date		2A. Deemed Execution Date, if any		3. Transaction Code (Instr.		ed, Disposed of, or Benefic 4. Securities Acquired (A) or Dispos Of (D) (Instr. 3, 4 and 5)				5. Amount of Securities Beneficially			6. Ownership Form: Direct	ership : Direct	7. Nature of Indirect Beneficial			
(City)	(Sta	ate) (Z	Zip)									Person						
(Street) BRIDGETON MO 63044				If Amendment, Date of Original Filed (Month/Day/Year)							Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting							
(Last) (First) (Middle) 13001 HOLLENBERG DRIVE				3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2004								w)						
1. Name and Address of Reporting Person*  KRIEG HARRY J				2. Issuer Name and Ticker or Trading Symbol CASS INFORMATION SYSTEMS INC CASS ]						5. Relationship of Rep (Check all applicable)  X Director  Officer (give t				10% Othe	Owner er (specify			
Form 4	Transactions R	leported.	FIIE	_	1 30(h)	of the	Invest	ment C	ompany Ac									
	Holdings Repo		□il.a	d nurcuant to	Soction	on 16/a	) of the	S00:	itios Evobo	ngo Ast	of 1034							

**Explanation of Responses:** 

/s/ Harry J. Krieg

01/26/2005

\*\* Signature of Reporting Person

Date

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

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.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).