Instruction 1(b).

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. 20549 |
|-------------|------------|
|-------------|------------|

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

| OMB APPROVAL | | | | | | | | | | |
|--------------------------|-------|--|--|--|--|--|--|--|--|--|
| OMB Number: 3235-0287 | | | | | | | | | | |
| 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* Resch Martin H. | | | | | 2. Issuer Name and Ticker or Trading Symbol CASS INFORMATION SYSTEMS INC [CASS] | | | | | | | | | (Chec | k all app Direc | licable) | | rson(s) to Is 10% Ov | |
|--|--|--|---|------------------------|---|---|--------|------|---|-------------------------------------|--------------------|---|---|--|---|---|---|--|---|
| (Last) 12444 P(| (Fir | st) (NURT DRIVE | Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 10/23/2023 | | | | | | | | X | | below) | | below) | |
| SUITE 550 | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | | |
| (Stroot) | | | | | | | | | | | | | | X | Form | filed by On | e Rep | oorting Pers | on |
| (Street) ST. LOUIS MO 63131 | | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | |
| (City) | (Sta | ate) (2 | Zip) | | Rul | e 10 |)b5- | 1(c) | Trans | sact | ion Indi | catio | on | | | | | | |
| | Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | | an that is inter | nded to | | | | | | | | |
| | | Table | I - Noi | n-Deriva | tive S | Secui | rities | Acq | uired, | Dis | osed of | , or E | Benefi | icially | / Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | Exec y/Year) if any | | Deemed cution Date, ny nth/Day/Year) | | | | es Acquired (A Of (D) (Instr. 3, | | , 4 and Secur Benef Owne | | cially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | | ice | | ported insaction(s) str. 3 and 4) | | | (Instr. 4) |
| Common Stock 10/2 | | | | 10/23/ | /2023 | | | | P | | 1,000 | A | \$ | 36.5 | 6.5 22,262 | | | 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) | 3A. Dee Executi if any (Month/ | | | | | | 6. Date Exercisabl Expiration Date (Month/Day/Year) | | te | Amou Secur Unde Deriv Secur | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | Price of rivative curity str. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | у | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership t (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercis | able | Expiration Date | Title | Amour or Number of Shares | er | | | | | |

Explanation of Responses:

Remarks:

/s/ Martin H Resch

** 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.