FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-028								
Estimated average to	ourden								

0.5

hours per response:

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

							()													
Name and Address of Reporting Person*					2. Issuer Name and Ticker or Trading Symbol CASS INFORMATION SYSTEMS INC									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
<u>Campbell Mark</u>															Direc	ctor	10	% Ow	ner	
(Last) (First) (Middle)					CASS]												cer (give title ow)		Other (specify below)	
(Last)	`	,	iviluule)		3. D	3. Date of Earliest Transaction (Month/Day/Year)									President, Transportation					
12444 POWERSCOURT DRIVE					01/28/2016												P			
SUITE 5	50																			
JUITES					4 If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable					
					- "	7 11110	, i di i i ci i c	, Date o	i Origina	1 1100	i (ivioriti ii De	<i>xy</i> , 10	·ui)		ine)	auui o	r domin Group	or imig (One	oit , the	Siloabic
(Street)		_													X	Form	n filed by One	e Reporting	ersor	า
ST. LOU	IS M	0 (53131													Eorm	n filed by Mor	re than One	Danor	tina
					-											Pers		e man one	repor	ung
(City)	(St	ate) (Zip)																	
,	`																			
		Tab	le I - Noi	n-Deriv	ative	Se	curitie	s Acc	quired,	Dis	posed o	of, o	r Ben	efici	ally C	Owne	ed			
1. Title of S	Security (Inst	r. 3)		2. Trans	action	tion 2A. Deemed 3. 4. Securitie						ties Acquired (A)			. [5. Amo	ount of	6. Ownersh	ip 7	7. Nature
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Date		Execution I			Transa			d Of (D) (Instr. 3, 4			4 and Secur			Form: Direct		of Indirect
(Mon				(Month/			if any (Month/Day/Year)		Code (Instr. 5) 8)								(D) or Indirect (I) (Instr. 4)		Beneficial Ownership	
											-				Repo		ted	(1) (111341. 4)		(Instr. 4)
										v	Amount		(A) or (D)			Transaction(s) (Instr. 3 and 4)				
									+	_	-	-	•		- `		•		-	
Common Stock 01/28				3/2016	6			F		70		D \$49		9.24 $11,178^{(1)}$		1,178 ⁽¹⁾	D			
		т.	ا الملط	20 411 404	C		wition	Λ	inad D	ione	ood of	0 " F) on of	المنما						
		le									sed of, onvertib					meu				
	1					uns	-					_		1103)	Т					
1. Title of Derivative	2. Conversion	3. Transaction Date	3A. Deeme Execution		4.	4. Transaction Code (Instr.		n of l		6. Date Exercisable Expiration Date		ble and 7. Title and Amount of			8. Pri	ice of 9. Number o		of 10. Ownership		11. Nature of Indirect
Security	or Exercise	(Month/Day/Year)		Date,						ay/Ye					Secu		Securities Beneficially	Form:		Beneficial Ownership
(Instr. 3)	Price of	[```	(Month/Da	ay/Year)	8)		Securities		•	.,		Und	derlying		(Instr. 5)					
Derivative Security						Acquired							ivative	otr 2	, ا		Owned Following	or Indir (I) (Insti		Instr. 4)
							(A) or Disposed of (D) (Instr. 3, 4 and 5)					Security (Instr. and 4)		"		Reported	(i) (iiisti	• 4,		
				" '								Transaction(s)	(s)							
														(Instr. 4)						
			-				,				\vdash	Τ.		-						
													Am	ount						
								, I						nber						
						\v	[_(A)	(5)	Date		Expiration	Title	of	roc						
			I		Code	ľ	(A)	(D)	Exercisa	nie	Date	111116	e Sha	ıres	1			- 1		

Explanation of Responses:

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

Remarks:

/s/ Mark A. Campbell

02/01/2016

** 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.