FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Washington, D.C. 20349

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

l	OMB APPRO	VAL
	OMB Number:	3235-0287
l	Estimated average burde	en
l	hours per response:	0.5

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

							. ,				' '										
1. Name and Address of Reporting Person* LINDEMANN JAMES J						2. Issuer Name and Ticker or Trading Symbol CASS INFORMATION SYSTEMS INC									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
LINDE	IVI/AININ J	AIVILO J			I _{CA}	CASS]									X	Direc	ctor	10	% Ov	wner	
(Last) (First) (Middle)						G100 1										Office			her (s low)	specify	
(Last)	`	,	iviluule)		3. D	3. Date of Earliest Transaction (Month/Day/Year)											,		,		
12444 POWERSCOURT DRIVE					12/	12/26/2019															
SUITE 550					_																
-					. 4. If	4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line)															
(Street) ST. LOU	IS MO	2	53131												X Form filed by One Reporting Person						
51. LUU	15 IVI		03131													Form filed by More than One Reporting Person					
(City)	(St	ate) (Zip)																		
		Tabl	e I - Nor	n-Deriv	ative	Sec	curitie	s Acq	uired,	Dis	posed o	f, o	r Ben	efici	ally	Owne	ed				
1. Title of S	ecurity (Inst	r. 3)		2. Trans	action				-4:	4. Securities Acquired (A)						ount of	6. Ownersh		7. Nature		
Date (Month/Date					Day/Yea	Execution Date, ay/Year) if any		Transaction Disposed Code (Instr. 5)		Of (D) (Instr. 3, 4			Benef		cially	Form: Dire (D) or Indir		of Indirect Beneficial			
l i						(Month/Day/Year)		8)					d Following ted	(I) (Instr. 4)		Ownership (Instr. 4)					
									Code	v	Amount		(A) or (D)	Price		Transaction(s) (Instr. 3 and 4)				. ,	
Common Stock 12/26/							2019		A		150 ⁽¹⁾ A		A	\$58	.21	21 17,270 ⁽²⁾		D			
		Ta	hle II - F	Derivat	ive S	ecu	rities	Δαιιί	ired D	ienc	sed of,	or F	Renefi	iciall	v Ov	vned			,		
											onvertib				,	viica					
1. Title of Derivative	2. Conversion	3. Transaction Date	3A. Deem		4. Transa	4. Transaction				6. Date Exercisa Expiration Date		7. Title and Amount of			8. Price o		9. Number o	Ownership	hip	11. Nature of Indirect	
Security (Instr. 3)	or Exercise Price of	(Month/Day/Year)	if any (Month/Day/Y	av/Year)	Code (8)	Instr.	Derivative ((Month/D	ay/Ye	ear)	Securities Underlying			Security (Instr. 5)		Securities Beneficially	Form: Direct (Beneficial Ownership	
Derivative			.,,,,,,,,,	٠,	'		Acquired					ivative		1		Owned	or Indir	ect	(Instr. 4)		
Security								(A) or Disposed			Security (Instr. and 4)			3		Following Reported	(I) (Inst	. 4)			
							of (D) (Instr. 3, 4					'				Transaction (Instr. 4)	(s)				
							and 5										(111301. 4)				
				İ								Amoun		ount							
					or Numb		mber	,													
					Cade	.,	₍₀₎		Date		Expiration	T:	of								
			I	I	Code	٧	(A)	(D)	Exercisa	nie	Date	Title	e Sha	ares							

Explanation of Responses:

- 1. Restricted stock awarded in lieu of cash payment for Board retainer fee. Award vests upon retirement from the Board.
- 2. Includes restricted stock bonus shares, subject to vesting and forfeiture.

Remarks:

<u>/s/ James J. Lindemann</u> <u>12/30/2019</u>

Date

** 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.