

CASTLE A M & CO

Reported by TIFFANY BLAIN

FORM 4

(Statement of Changes in Beneficial Ownership)

Filed 02/07/11 for the Period Ending 02/03/11

Address 1420 KENSINGTON ROAD

SUITE 220

OAK BROOK, IL 60523

Telephone 8474557111

CIK 0000018172

Symbol CAS

SIC Code 5051 - Metals Service Centers and Offices

Industry Misc. Fabricated Products

Sector Basic Materials

Fiscal Year 12/31



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

UNITED STATES SECURITIES AND EXCHANGE **COMMISSION**

Washington, D.C. 20549

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP **OF SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(f) of the Investment Company Act of 1940

1. Name and Address of Reporting Person *				* 2	2. Issuer Name and Ticker or Trading Symbol								Relationship of Reporting Person(s) to Issuer (Check all applicable)			
Tiffany Blain				(CAS	TLE A	M 8	k (CO [C.	48	5]					
(Last) (First) (Middle)				3	3. Date of Earliest Transaction (MM/DD/YYYY)								Director 10% Owner			wner
, ,	` ′		,													r (specify
3400 NORTH WOLF ROAD					2/2/2011								below) Pres., Castle Metals Aerospace			
(Street)						Amendm D/YYYY)	ent, Da	ite	Original	Fi	led		6. Individual or Joint/Group Filing (Check Applicable Line)			
FRANKLIN I	PARK,	IL 6	0131													
(City) (State) (Zip)													X Form filed by One Reporting Person Form filed by More than One Reporting Person			
		Tab	ole I - Nor	ı-Deri	vativ	e Securi	ities A	cqu	iired, D	sp	osed of	f, or Beneficiall	v Owned			
,		2. Tra Date		2A. Deemed Execution Date, if any	Code (A (D) (D)		(A) or Dis (D) (Instr. 3, 4	A) or Disposed of		5. Amount of Securit Following Reported (Instr. 3 and 4)	es Beneficially Owned Transaction(s)		Form: Direct (D)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
						,	Code	v		A) or O)	Price				(I) (Instr. 4)	(======================================
Common Stock				2/3/2	011		F		5973	D	\$16.44	2	2208		D	
Common Stock												53	530.85		I	Through 401(k) Plan (1)
Tab	ole II - De	rivati	ive Securi	ties B	enefi	icially O	wned ((e.	g. , puts	, ca	alls, wa	arrants, options	, convert	ible secur	ities)	
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	e Date	Deemed Execution	1. Frans. Code Instr. 8)	Deriv Secur Acqu Dispo		6. Date Exercisable and Expiration Date			S D (I	ecurities Perivative Instr. 3 an	, 	8. Price of Derivative Security (Instr. 5)	derivative	Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr.	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code V	(A) (D)	(D)	Date Exercis	able	Expiratio Date	T	itle Shar	ount or Number of		(s) (Instr. 4)	4)	

Explanation of Responses:

(1) Between March 1, 2010 and January 31, 2011, the reporting person's balance decreased by 0.32 shares of A. M. Castle & Co. common stock under the A. M. Castle & Co. 401(k) Plan. The information in this report is based on a plan statement dated as of January 31, 2011.

Reporting Owners

reporting o where									
Demonting Overson Name / Address		Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other					
Tiffany Blain									
3400 NORTH WOLF ROAD			Pres., Castle Metals Aerospace						
FRANKLIN PARK, IL 60131			_						

Signatures

Robert J. Perna, Attorney-in-Fact

2/7/2011

^{**} 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 control number.