

CASTLE A M & CO

Reported by **BIEMER ALBERT J**

FORM 4

(Statement of Changes in Beneficial Ownership)

Filed 03/04/11 for the Period Ending 03/02/11

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

Washington, D.C. 20549

OMB APPROVAL OMB Number: 3235-0287 Expires: February 28, 2011 Estimated average burden hours per response... 0.5

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 Add	ress of Re	porting	Person *	2	. Is	ssuer Na	me a	and Ticker	r or Tradii	ng Symb	ol 5. Relation (Check all			Person(s)	to Issuer
BIEMER ALI	BERT J	•		(CA	STLE	AI	И & СС) [CAS]					
(Last) (First) (Middle)				3	3. Date of Earliest Transaction (MM/DD/YYYY)						·		_	10% O	
3400 NORTH WOLF ROAD											below)	X Officer (give title below) Other (specify below) Vice President, Supply Chain			
	(Street)					f Amend //DD/YYY		t, Date Or	iginal File	ed	6. Individi Applicable Li		nt/Group I	Filing (Che	eck
FRANKLIN I (City)	(State)	(Zi ₁											Reporting Per han One Rep		n
		Table	I - Non-	Deriv	vat	ive Secu	uritie	es Acquir	ed, Dispo	sed of, a	r Beneficially	y Owned			
1.Title of Security (Instr. 3)				2. Tr Date		. 2A. Deeme Execut Date, i	ed C	Code Instr. 8) I	4. Securities Acquired (A) Disposed of (Instr. 3, 4 an (A) or Amount (D)	or Foll (Ins d 5)	mount of Securitic owing Reported T tr. 3 and 4)			6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership
Tab	le II - Dei	rivative	Securit	ies Bo	ene	eficially	Owr	ned (<i>e.g.</i>	, puts, cal	lls, warr	ants, options,	, convert	ible secur	ities)	
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Trans. Date	Deemed	4. Trans. Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		(Instr. 5) Se Bo O Fo Ro	of derivative Securities Beneficially Owned Following Reported	Ownership of Form of Derivative (Security: (Direct (D) or Indirect (I) (Instr.	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Transaction (s) (Instr. 4)	(4)	
Restricted Stock Units	(1)	3/2/2011		A		1800		12/31/2013	12/31/2013	Common Stock	1800	\$0	1800	D	

Explanation of Responses:

- (1) Each restricted stock unit represents a contingent right to receive one share of common stock of A. M. Castle & Co.
- (2) The restricted stock units vest in full on December 31, 2013, provided the reporting person is employed by A. M. Castle & Co. on the vesting date.

Reporting Owners

Reporting 5 where								
Paparting Owner Name / Address	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
BIEMER ALBERT J								
3400 NORTH WOLF ROAD			Vice President, Supply Chain					
FRANKLIN PARK, IL 60131								

Signatures

Robert J. Perna, Attorney-in-Fact

3/4/2011

^{**} 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.