

CASTLE A M & CO Reported by

ANDERSON BRIAN P

FORM 4

(Statement of Changes in Beneficial Ownership)

Filed 04/29/11 for the Period Ending 04/28/11

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.	Issue	er Name	and T	icker	or Tr	ading	Sym	1 5. Relationshi (Check all ap)	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
ANDERSON I	BRIAN I	P		\mathbf{C}_{A}	AS7	TLE A	M &	CO	[C A	AS]								
(Last) (First) (Middle)				3.]	Date	of Earli	est Tra	ınsacı	tion (N	MM/DD	YYY	X Director						
													Officer (giv	Officer (give title below) Other (specify below)				
3400 NORTH WOLF ROAD						4/28/2011												
(Street)													6. Individual	6. Individual or Joint/Group Filing (Check Applicable Line)				
FRANKLIN P	ARK, II	L 6013	1															
(City) (State) (Zip)														X Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Tak	ole I - Noi	ı-Deriv	vativ	ve Securi	ities A	cquii	red, E	Dispos	ed of	f, o	or Beneficially Ow	ned				
1.Title of Security (Instr. 3)				2. Tran Date	ns.	2A. Deemed Execution Date, if any		8)	Acqui Dispo (Instr.	red (A) sed of (I 3, 4 and or (A)))	F (I	. Amount of Securities B following Reported Trans Instr. 3 and 4)		Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock				4/28/2	011		Cod		Amou 3694	<u>`</u>	\$0	e	1831	19		D		
	Гable II -	Derivat	ive Secur	ities Be	enefi	icially O	wned	(e.g.	, put	s, call	s, wa	arr	ants, options, con	vertible	securities)		
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		Deemed	4. Trans. Code (Instr. 8)	D A D	5. Number of Derivative Securities Acquired (A) or Disposed of (D) Instr. 3, 4 and 5)		and Expiration Date			Sec De	curit riva	ties Underlying tive Security	ying Derivative		Ownership Form of Derivative Security: Direct (D) or Indirect	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exerci	isable I	Expiration Date	Tit	ile S	Amount or Number of Shares		Reported Transaction (s) (Instr. 4)	(I) (Instr. 4)		

Explanation of Responses:

Reporting Owners

Banasting Overage Name / Address	Relationships							
Reporting Owner Name / Address	Director	10% (Owner	Officer	Other			
ANDERSON BRIAN P								
3400 NORTH WOLF ROAD	X							
FRANKLIN PARK, IL 60131								

Signatures

Robert J. Perna, Attorney-in-Fact

** 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 control number.