

CASTLE A M & CO

Reported by **HAMADA ROBERT S**

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



[X] 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 Address of Reporting Person *				2.	2. Issuer Name and Ticker or Trading Symbol									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
HAMADA RO	DBERT	S				STLE A								· D:			100/	•
(Last) (First) (Middle)				3.	3. Date of Earliest Transaction (MM/DD/YYYY)								(Y) - X	X _ Director			10% Owner	
													belo	Officer (give title below) below)			Other (specify	
3400 NORTH WOLF ROAD					4/28/2011													
	(Street)				4. If Amendment, Date Original Filed (MM/DD/YYYY)						6. Individual or Joint/Group Filing (Check Applicable Line)							
FRANKLIN I	PARK, I	L 6013	31															
(City) (State) (Zip)													_ X	_ X _ Form filed by One Reporting Person Form filed by More than One Reporting Person				
															•			
		Table l	l - Non-l	Deriv			rities	Ac	quire	ed, D	ispo	sed of,	or Bene	eficially	y Owned			
1.Title of Security (Instr. 3)				2. Trans. Date	ns.	2A. Deemed	3. Tr						 Amount of Securities Beneficially C Following Reported Transaction(s) 			-	6. Ownership	7. Nature of Indirect
(mour b)					- 410	Execution		r. 8)		•		(1	(Instr. 3 and 4)			(9)	Form: Ben	Beneficial
					Date, if any		- 1	(Ins	nstr. 3, 4 and 5)		5)	-					Ownership (Instr. 4)	
								. .			or	Ţ.					(I) (Instr. 4)	
				4/28/2	0011		Coc	de '		8.851	(D)	Price					, , , , , , , , , , , , , , , , , , ,	
Common Stock				4/20/2	.011		M	[5100	0.031	A	(1)		2600	63.851		D	
Common Stock				4/28/2	2011		D		.8:	51	D	\$18.95		26	6063		D	
									•									
	r e	T T		1								1			•	ible secur	ities)	1
Title of Derivate Security				4. Trans		5. Number Derivative						and Amoun es Underlyi			Price of 9. Number erivative of		11. Nature of Indirect	
(Instr. 3)	or Exercise Price of		Execution Date, if any	(Instr. 8)		Securities		·					ve Security	-	Security (Instr. 5)	derivative Securities		Beneficial Ownership
	Derivative					Acquired (A) or Disposed of (D) (Instr. 3, 4 and						(Ilisti. 5	(Instr. 3 and 4)		Ben Ow:	Beneficially	Security: (I	(Instr. 4)
	Security											Owned Following				Direct (D) or Indirect		
						5)										(I) (Instr.		
								Date		Expi	ation	Title	Amount Number			(s) (Instr. 4)	(4)	
				Code	V ((A) (D))	Exer	cisable	Date		Inc	Shares	J1				
Phantom Stock Units	(1)	4/28/2011		M		5108.8	851	4/28/	/2011	4/28/	2011	Commo Stock	5108	.851	(1)	0	D	

Explanation of Responses:

(1) Each phantom stock unit was the economic equivalent of one share of A. M. Catle & Co. common stock. On April 28, 2011, 5,108 of the reporting person's phantom stock units were settled for an equal number of A. M. Castle & Co. common stock, and the remaining 0.851 fractional phantom stock unit was settled for cash.

Reporting Owners

Reporting Owners										
Paparting Owner Name / Address	Relationships									
Reporting Owner Name / Address	Director	10% Owner	ips Officer	Other						
HAMADA ROBERT S										
3400 NORTH WOLF ROAD	X									
FRANKLIN PARK, IL 60131										

Robert J. Perna, Attorney-In-Fact

4/29/2011

** 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.