

# CASTLE A M & CO

# Reported by TIFFANY BLAIN

## FORM 4

(Statement of Changes in Beneficial Ownership)

## Filed 01/04/12 for the Period Ending 12/31/11

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

OMB APPROVAL OMB Number: 3235-0287 Expires: November 30,

2011

Estimated average burden

#### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP hours per response... 0.5 **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 *				*	Issuer Name and Ticker or Trading Symbol 5. Relation (Check all Check a								5. Relation (Check all			Person(s)	to Issuer	
Tiffany 1	Blain					CAS'	TLE A	M &	C	O [ C	<b>AS</b>	]						
	ast)	(First)		(Middle)		3. Date	e of Earl	iest Trai	nsa	action (	/MM/	DD/YY	YYY)	Directo	or	_	10% O	wner
(2.	uot)	(1150)		(madie)											er (give titl	e below)	Othe	r (specify
1420 KE	ENSIN	IGTON	RO	AD. SU	ITE			12/3	1/2	2011				below) Pres., Cas	tle Meta	ıle		
220	21 (021	(0101)	110	112,50										res., cus	tic ivicu			
(Street)														5. Individual or Joint/Group Filing (Check Applicable Line)				
OAK BE	ROOI	K, IL 60	523															
(City) (State) (Zip)														n filed by One Reporting Person Filed by More than One Reporting Person				
																•		
			Tab	ole I - Noi	n-Deri	ivativ	e Securi	ties Acq	ui	red, Di	spo	sed o	f, or I	Beneficially	y Owned	<u> </u>		
			2. T Date	rans. e	2A. Deemed Execution Date, if any	Code (Instr. 8)		4. Securi Acquired Disposed (Instr. 3,	l (A) l of ( 4 an	(A) or Follow (Instr. 4 and 5)		nount of Securities Beneficially Owned wing Reported Transaction(s) . 3 and 4)		Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
							j	Code	v	Amount	(A) or (D)	Price	:				(I) (Instr. 4)	
Common Stock 12					12/3	31/2011		F		1666	D	\$9.46		22868			D	
Common Stock													530.57			I	Through 401(k)	
														P	Plan (1)			
	Tab	ole II - De	rivati	ive Secur	ities B	Senefic	cially O	wned ( e	.g.	. , puts,	cal	ls, wa	arran	ts, options,	convert	ible secur	ities)	
1. Title of Des Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Trans.	Deemed T Execution C	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 Amou Securities Underly Derivative Securit (Instr. 3 and 4)			ying	8. Price of Derivative Security (Instr. 5)	derivative Securities Beneficially Owned Following Reported	Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr.	Beneficial	
						le Sha		or Number of Transaction (s) (Instr. 4)		4)								

#### **Explanation of Responses:**

(1) Between January 31, 2011 and November 30, 2011, the reporting person's balance decreased by .28 shares of common stock under the A.M. Castle & Co. 401(k) Plan. The information in this report is based upon a plan statement dated as of November 30, 2011.

**Reporting Owners** 

•	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Tiffany Blain 1420 KENSINGTON ROAD SUITE 220 OAK BROOK, IL 60523			Pres., Castle Metals					

Robert J. Perna, Attorney-in-Fact

1/4/2012

\*\* 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.