

CASTLE A M & CO Reported by CALLAN JAMES

FORM 4

(Statement of Changes in Beneficial Ownership)

Filed 03/09/12 for the Period Ending 03/07/12

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 Perso	* 2	2. Iss	suer Nar	ne a	nd Ticker	r or Tradir	ng Symb	ol 5. Relation (Check all			Person(s)	to Issuer	
CALLAN JAMES						[CAS		Direct	or		10% Ov	wner	
(Last) (First) (Middle)	3). Di	ate of Ea	arme		ction (MM/I	OD/YYYY)		er (give title	e below)		r (specify	
1420 KENSINGTON ROAD, SU 220	ITE	2/7/2012						/	Pres., Castle Metals Aerospace				
(Street)			Amendi DD/YYYY		t, Date Or	iginal File	ed		6. Individual or Joint/Group Filing (Check Applicable Line)				
OAK BROOK, IL 60523 (City) (State) (Zip)										Reporting Per		n	
Table I - No	ı-Deriv	vati	ve Secu	ritie	es Acquir	ed, Dispo	sed of, o	r Beneficially		•	8	-	
1. Title of Security (Instr. 3)		rans.	2A. Deemed Execution Date, if	on (1	Code Instr. 8)	A. Securities Acquired (A) Disposed of (Instr. 3, 4 and	or Follo		unt of Securities Beneficially Owned ing Reported Transaction(s) 3 and 4)		6. 7. Nature Ownership of Indirect Form: Beneficial Direct (D) Ownership or Indirect (Instr. 4)		
			ally		Code V	Amount (A) or (D)	Price				(I) (Instr. 4)	(msu. 4)	
Table II - Derivative Secu	ities Be	ene	ficially (Own	ned (<i>e.g.</i> ,	, puts, cal	ls, warr	ants, options	, convert	ible secur	ities)		
1. Title of Derivate Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security 2. Conversion or Exercise Price of Derivative Security 3. Trans. Date Execut Date, it any	n Code	. I S	5. Number of Derivative Securities 3) Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date			Underlying Security	Derivative Security	derivative Securities Beneficially Owned Following Reported	Ownership 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 (1) 3/7/2012 Units	A		6100		12/31/2014	12/31/2014	Common Stock	6100	\$ 0	6100	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, 2014, provided the reporting person is employed by A.M. Castle & Co. on the vesting date.

Reporting Owners

Paparting Owner Name / Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
CALLAN JAMES 1420 KENSINGTON ROAD SUITE 220 OAK BROOK, IL 60523			Pres., Castle Metals Aerospace				

Signatures

Robert J. Perna, Attorney-in-Fact

3/9/2012

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.