

CASTLE A M & CO Reported by PERNA ROBERT J

FORM 4 (Statement of Changes in Beneficial Ownership)

Filed 05/16/12 for the Period Ending 05/14/12

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

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FORM 4	I
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[] 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 Report	ng Person *	2. Issuer Name and Ticker or Trading Symbol	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
PERNA ROBERT J		CASTLE A M & CO [CAS]					
(Last) (First) (Middle)		3. Date of Earliest Transaction (MM/DD/YYYY)	Director10% Owner				
1420 KENSINGTON RO 220	AD, SUITE	5/14/2012	X Officer (give title below) Other (specify below) VP, GC & Secretary				
(Street)		4. If Amendment, Date Original Filed (MM/DD/YYYY)					
OAK BROOK, IL 60523 (City) (State)	(Zip)		Line) _ X _ Form filed by One Reporting Person _ Form filed by More than One Reporting Person				

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

			-					-		
1.Title of Security	2. Trans.	2A.	3. Trans.		4. Securi	ties		5. Amount of Securities Beneficially Owned	6.	7. Nature
(Instr. 3)	Date	Deemed	Code		Acquired	l (A) oi	-	Following Reported Transaction(s)	Ownership	of Indirect
		Execution	(Instr. 8)		Disposed	l of (D))	(Instr. 3 and 4)	Form:	Beneficial
		Date, if any			(Instr. 3,	4 and 5	5)		Direct (D)	Ownership
								4	or Indirect	(Instr. 4)
						(A) or			(I) (Instr.	
			Code	V	Amount	(D)	Price		4)	
Common Stock	5/14/2012		Α		3956	А	\$0	14785	D	

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivate	2.	3. Trans.	3A.	4. Trans.		5. Number	of	6. Date Exer	rcisable	7. Ti	tle and Amount of	8. Price of	9. Number	10.	11. Nature						
Security	Conversion	Date	Deemed	Code		Derivative	Securities	and Expirati	on Date	Secu	rities Underlying	Derivative	of	Ownership	of Indirect						
(Instr. 3)	or Exercise		Execution	(Instr. 8)		Acquired (A) or	-		Deriv	vative Security	Security	derivative	Form of	Beneficial						
	Price of		Date, if			Disposed o	f (D)			(Inst	r. 3 and 4)	(Instr. 5)	Securities	Derivative	Ownership						
	Derivative		any			(Instr. 3, 4	and 5)						Beneficially	Security:	(Instr. 4)						
	Security		·										Owned	Direct (D)							
													Following	or Indirect							
								D. (в : .:				Reported	(I) (Instr.							
								Date	Expiration able Date		Expiration	Expiration	Expiration	Expiration	Expiration	Title	Amount or Number of		Transaction	4)	
				Code	V	(A)	(D)	Exercisable	Date		Snares		(s) (Instr. 4)								

Explanation of Responses:

Reporting Owners

Banarting Over an Nama / Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
PERNA ROBERT J 1420 KENSINGTON ROAD SUITE 220 OAK BROOK, IL 60523			VP, GC & Secretary				

Signatures

Robert J. Perna	5/16/2012
Robert J. Perna	5/16/20

** 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).

Date

** 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.