

CASTLE A M & CO Reported by STEPHENS SCOTT F

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 Person *				2								ng Sym		5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
Stephens Scot	t F			(CAS	STLE A	A I	M &	C	O [C .	AS]						
(Last) (First) (Middle)				3	3. Date of Earliest Transaction (MM/DD/YYYY)							DD/YYYY	· ·	_ Directe		_	10% O	
													Y belo		er (give titl	e below)	Othe	r (specify
1420 KENSIN 220	IGTON	ROA	D, SUI	ГЕ				3/7	/20)12					ident, C	FO & Tre	as.	
	(Street)			4	·. If A	Amendn DD/YYYY	nen	t, Date	e O	riginal	File	ed		ndividi licable Li		nt/Group 1	Filing (Che	eck
OAK BROOK	K, IL 60	523																
(City) (State) (Zip)											X_Form filed by One Reporting Person Form filed by More than One Reporting Person							
		Table	I - Non-	Deri	vativ		_		-					`	<u> </u>			
1.Title of Security (Instr. 3)					ans.	2A. Deemed Execution Date, if		Code (Instr. 8)		4. Securities Acquired (A) Disposed of (Instr. 3, 4 and		or Fol (In	Following Reported 7 (Instr. 3 and 4)		es Beneficially Owned Fransaction(s)		Ownership Form: Direct (D)	Beneficial Ownership
						any		Code	v	Amount	(A) or (D)	Price					or Indirect (I) (Instr. 4)	(Instr. 4)
Common Stock														16225	5.86 ⁽¹⁾		D	
	le II - De							1								ible secur		
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Trans. Date	Deemed	4. Trans. Code (Instr.	8) A D (I	5. Number of Derivative Securities) Acquired (A) of Disposed of (D (Instr. 3, 4 and 5)		Der (Ins				Securitie Derivativ	Title and Amount of ecurities Underlying erivative Security nstr. 3 and 4)		-	of derivative Securities Beneficially Owned Following Reported	Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr.	Beneficial
				Code	V	(A)	(D)	Date Exerci	sabl	Expira e Date	tion	Title	Amount Number Shares			Transaction (s) (Instr. 4)	4)	
Restricted Stock Units	(2)	3/7/2012		A		15400		12/31/		4 12/31/		Common Stock	n 154	100	\$ 0	15400	D	

Explanation of Responses:

- (1) Amount of securities beneficially owned includes a total of 566.56 shares acquired from February 14, 2011 through March 7, 2012 via the Registrant's Employee Stock Purchase Plan.
- (2) Each restricted stock unit represents a contingent right to receive one share of common stock of A.M. Castle & Co.
- (3) 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

Paperting Owner Name / Address	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Stephens Scott F 1420 KENSINGTON ROAD SUITE 220			Vice President, CFO & Treas.					

OAK BROOK, IL 60523		
Signatures		
Robert J. Perna, Attorney-in-Fact	3/9/2012	
** C' C D C D	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).

** Signature of Reporting Person

** 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.