

# CASTLE A M & CO Reported by GARRETT THOMAS L

## 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 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

Name and Address of Reporting Person *				* 2. Iss	2. Issuer Name <b>and</b> Ticker or Trading Symbol							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
GARRETT T	HOMA	SL			STLE A							D:			100/ 0	
(Last) (First) (Middle)				3. Da	3. Date of Earliest Transaction (MM/DD/YYYY)							Director 10% Owner X Officer (give title below) Other (specify				
1 420 EZENIGIN	ICEON	. DO	AD CIT			12/2	1 /′	2011				below)		,	Ouic	r (specify
1420 KENSINGTON ROAD, SUITE 220				ITE	12/31/2011							Pres., Tot	tal Plastic	es, Inc.		
(Street)					4. If Amendment, Date Original Filed (MM/DD/YYYY)							6. Individual or Joint/Group Filing (Check Applicable Line)				
OAK BROOK, IL 60523 (City) (State) (Zip)												X Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Tal	ole I - Nor	ı-Derivati	ve Securit	ies Acq	ui	red, Di	spo	sed of	f, or B	Seneficiall <sub>y</sub>	y Owned	•		
			2. Trans. Date	2A. Deemed Execution Date, if	3. Trans. Code Acquired Disposed (Instr. 8)			l (A) l of ( 4 an	(A) or of (D) 4 and 5)  Follow (Instr.		nount of Securities Beneficially Owned wing Reported Transaction(s) . 3 and 4)			Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
					any	Code	v	Amount	(A) or (D)	Price					(I) (Instr. 4)	(Ilisti. 4)
Common Stock 12				12/31/201	11	F		1509	D	\$9.46		13327			D	
Common Stock											3316.98			I	Through 401(k) Plan (1)	
Tab	ole II - De	rivat	ive Securi	ties Benef	icially Ov	vned ( e	.g.	, puts,	cal	ls, wa	rrant	ts, options	, convert	ible secur	ities)	<b>1</b>
1. Title of Derivate Security (Instr. 3)  2. Conversion or Exercise Price of Derivative Security  Code (Instr. 3)  3. Trans. Date Execution Date, if any  Code (Instr. 4)			Trans. Code Instr. 8) Code Lose Code Code Code Code Code Code Code Cod	vative urities uired (A) or bosed of (D) ar. 3, 4 and	and Expiration Date Se De (In				7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)  Title Amount or Number of Shares			8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (s) (Instr. 4)	Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr.	11. Nature of Indirect Beneficial Ownership (Instr. 4)	

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

(1) Between January 31, 2011 and November 30, 2011, the reporting person acquired 1,526.48 shares of A.M. Castle & Co. 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** 

reporting 5 where								
Deporting Overson Name / Address	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
GARRETT THOMAS L								
1420 KENSINGTON ROAD			   Pres., Total Plastics, Inc.					
SUITE 220			Fres., Total Flastics, Inc.					
OAK BROOK, IL 60523								

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.