FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAI | _ |
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| OMB Number: | 3235-0287 |
| Estimated average burden | |
| nours per response: | 0.5 |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person* Anderson Patrick R. | | | | | 2. Issuer Name and Ticker or Trading Symbol CASTLE A M & CO [CASL] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
|--|--|------------|---|-------|--|------------|--|---|------|-----------------------|---------------|--------------------------|----------------------------------|--|--|--|---|--|------------|--|
| Anderson I aurek K | <u>.</u> | | | _ ¯ | | | | | | | | | X | | ector | holow) | | 10% Owi | | |
| (Last) 1420 KENSINGTON R SUITE 220 | (First) | (Mido | lle) | | 3. Date of Earliest Transaction (Month/Day/Year) 12/31/2016 | | | | | | | | | Officer (give title below) Other (specify below) EVP, CFO & Treasurer | | | | | | |
| (Street) OAK BROOK | IL | 6052 | 23 | 4. | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individ | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| (City) | (State) | (Zip) | | | | | | | | | | | | | | | | | | |
| | | | Table I - No | n-De | rivative | Secur | ities Acqu | uired, D | spo | sed of | , or Ben | neficially | Owned | | | | | | | |
| 1. Title of Security (Instr. 3) | | | | | 2. Transact Date Month/Day | //Year) if | A. Deemed xecution Date, any Month/Day/Yea | Code (Instr. | | | isposed Of | Benef Follov Trans | | Amount of Securities neficially Owned lowing Reported nsaction(s) (Instr. 3 | | ship Form:) or I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | Code | v | Amoun | nt (A) or (D) | | Price | and 4) | | | | | (Instr. 4) | |
| Common Stock | | | | | 12/31/2016 | | | M | | 3,002 | | 002 A | | | 23,884 | | D | | | |
| Common Stock | | | | | 12/31/2 | 016 | | F | | 933 | | D | \$0.252 | | 22,951(2) | | D | | | |
| | | | | | | | es Acquir arrants, o | | | | | | wned | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | | 3A. Deemed Execution Date, if any (Month/Day/Year) | | Acqui Dispo | | er of ve Securities d (A) or d of (D) 4 and 5) | 6. Date Exercisal Expiration Date (Month/Day/Year | | Underlying Derivative | | | r. 3 | 8. Price of Derivative Security (Instr. 5) | 9. Num of deriv Securit Benefic Owned Followi | ivative ities icially d Ownership Form: Direct (D) or Indirect (I) | wnership orm: Direct O) or Idirect (I) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | Jecumy | | | Code | le V (A) | | (D) | Date Exercisab | | piration ate | Title | | Amount or Number of Shares | | | Reporte Transa (s) (Ins | ted action | on (| | |
| Restricted Stock Units | (1) | 12/31/2016 | | M | | | 3,002 | 12/31/201 | 6 12 | /31/2016 | Comn | non Stock | 3,002 | 2 | (1) | 0 | | D | | |

Explanation of Responses:

- 1. Each restricted stock unit converted into a share of A.M. Castle & Co. common stock on a one-for-one basis upon vesting on December 31, 2016.
- 2. As of December 31, 2016, Reporting Person also owns options to purchase an aggregate of 207,405 shares of Issuer's common stock. Reporting Person also owns 7,394 unvested restricted stock units.

/s/ Patrick R. Anderson, By: Marec E. Edgar, Attorney-in-Fact

01/04/2017

** 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 Number.