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CASS INFORMATION SYSTEMS INC

Form 4

November 18, 2016

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

30(h) of the Investment Company Act of 1940

OMB APPROVAL OMB

3235-0287 Number:

January 31, Expires: 2005

burden hours per

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Check this box if no longer subject to Section 16. Form 4 or Form 5

obligations

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 may continue.

See Instruction 1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person ** LANGFITT GARY B				2. Issuer Symbol	r Name an d	Ticker or Trading	5. Relationship of Reporting Person(s) to Issuer			
				CASS I		ATION SYSTEMS	(Chec	ck all applicable	:)	
	(Last)	(First)	(Middle)	3. Date of (Month/D	f Earliest Ti Day/Year)	ransaction	DirectorX Officer (give			
	12444 POW	ERSCOURT		11/18/2	016		below)	below)		
	DRIVE, SU	ITE 550		11,10,2	010			JOO Offitties		
(Street)				4. If Ame	ndment, Da	nte Original	6. Individual or Joint/Group Filing(Check			
				Filed(Mor	nth/Day/Year	·)	Applicable Line)			
					·		_X_ Form filed by	One Reporting Pe	erson	
ST. LOUIS, MO 63131						Form filed by More than One Reporting Person				
	(City)	(State)	(Zip)	Tabl	e I - Non-I	Derivative Securities Acq	quired, Disposed of, or Beneficially Owned			
	1.Title of Security	2. Transaction Day/Yea		med on Date, if		4. Securities Acquired on(A) or Disposed of (D)	5. Amount of Securities	6. Ownership Form: Direct	Indirect	
	(Insta 2)		0.0077		Codo	(Instr. 2 (Lond 5)	Danafiaially	(D) an	Danafiai	

		Table	c I - Moll-D	ciivative	Secui	ines Acq	un eu, Disposeu o	, or beneficial	y Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securi on(A) or D: (Instr. 3,	ispose	d of (D)	5. Amount of Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code V	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)		
Common Stock	11/18/2016		M	6,000	A	\$ 21.3	27,542 <u>(1)</u>	D	
Common Stock	11/18/2016		D	1,858	D	\$ 68.81	25,684 <u>(1)</u>	D	
Common Stock	11/18/2016		F	1,609	D	\$ 68.81	24,075 (1)	D	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of **SEC 1474** information contained in this form are not (9-02)required to respond unless the form

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displays a currently valid OMB control

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

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4,	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amou Underlying Securi (Instr. 3 and 4)	
				Code V	and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amor or Nur of Shar
Stock Appreciation Rights	\$ 21.3	11/18/2016		M	6,000	01/21/2010(2)	01/19/2019	Common Stock	6,0

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

LANGFITT GARY B 12444 POWERSCOURT DRIVE SUITE 550 ST. LOUIS, MO 63131

COO Utilities

Signatures

/s/ Gary B. 11/18/2016 Langfitt

**Signature of Date
Reporting Person

Explanation of Responses:

- * 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).
- (1) Includes restricted stock bonus shares, subject to vesting and forfeiture.
- (2) Over a three-year vesting period, SARs become exercisable in one-third increments on the anniversary date of the grant.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

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