FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL								
OMB Number: 3235-								
Estimated average burden								
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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*  EDWARDS BENJAMIN F IV  2. Date of Event Requiring Statement (Month/Day/Year) 04/18/2005				nent	3. Issuer Name and Ticker or Trading Symbol  CASS INFORMATION SYSTEMS INC [ CASS ]							
(Last) (First) (Middle) 13001 HOLLENBERG DRIVE			0 W10, 2000		Relationship of Reporting Persi (Check all applicable)     X Director		son(s) to Issuer		5. If Amendment, Date of Original Filed (Month/Day/Year)			
(Street) BRIDGETON	MO	63044				Officer (give title below)	Other (spe- below)	cify		able Line) Form filed by Form filed by	Group Filing (Check  y One Reporting Person  y More than One	
(City)	(State)	(Zip)								Reporting Po	erson	
		Т	able I - Nor	-Derivat	ive S	ecurities Beneficially	y Owned					
1. Title of Security (Instr. 4)						ally Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Nature of Indirect Beneficial Ownership (Instr. 5)			
No Securities Benenficially Owned							D					
No Securities E	Benenficially O	wned				0	D					
No Securities I	Benenficially O					0 urities Beneficially (options, convertible	Owned	s)				
No Securities E  1. Title of Derivation		(e.ç		ls, warra	nts, c	urities Beneficially (	Owned securities	4. Conver or Exer Price of	sion cise	5. Ownership Form: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)	

Explanation of Responses:

/s/ Benjamin F Edwards IV

04/28/2005

\*\* Signature of Reporting Person

Date

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

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.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).