FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL									
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LINDEMANN JAMES J Requirin (Month/li			Date of Event Requiring Staten Month/Day/Year 14/16/2007	nent	3. Issuer Name and Ticker or Trading Symbol CASS INFORMATION SYSTEMS INC [CASS]							
(Last) 13001 HOLLE	(First) ENBERG DRIV	(Middle)	-			ationship of Reporting Perso c all applicable) Director	on(s) to Issuer		5. If Amendment, Date of Original Filed (Month/Day/Year)			
(Street) BRIDGETON	МО	63044				Officer (give title below)	Other (sp below)	ecify	6. 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)								Reporting Pr	erson	
Table I - Non-Derivative Securities Beneficially Owned												
1. Title of Security (Instr. 4)					int of Securities ially Owned (Instr. 4)				4. Nature of Indirect Beneficial Ownership (Instr. 5)			
No securities beneficially owned.						\$0	D					
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)												
1. Title of Derivative Security (Instr. 4) 2. Date Exercisab Expiration Date (Month/Day/Year)		ate		itle and Amount of Securi lerlying Derivative Securi		4. Conve	ercise	5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)			
							Amount	Price	or ative	Direct (D) or Indirect		

Explanation of Responses:

 /s/ James J Lindemann
 04/20/2007

 Dana L Pannett, POA
 04/20/2007

** 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.

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