CASCADE CORP Form 3 December 27, 2010 UNITED STATES SECURITIES AND EXCHANGE COMMISSION OMB APPROVAL FORM 3 Washington, D.C. 20549 OMB 3235-0104 Number: January 31, **INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF** Expires: 2005 **SECURITIES** Estimated average burden hours per Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, response... 0.5 Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

| 1. Name and Address of Reporting Person <u>*</u> Warren Holdings, LLC | | | 2. Date of Event Requiring Statement (Month/Day/Year) | 3. Issuer Name and Ticker or Trading Symbol CASCADE CORP [CASC] | | | | | |
|-----------------------------------------------------------------------------|---------------------------|--------------------------------------------|------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|----------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|--|--|
| (Last) | (First) | (Middle) | 12/16/2010 | 4. Relationship of Reporting Person(s) to Issuer | | 5 | 5. If Amendment, Date Original Filed(Month/Day/Year) | | |
| PO BOX 201 | 187 | | | | | | | | |
| (Street) PORTLAND, OR 97294 | | | | (Check all applicable) | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| | | | | OfficerOther (give title below) (specify below) | | | | | |
| (City) | (State) | (Zip) | Table I - N | lon-Derivat | ive Securiti | ies Be | neficially Owned | | |
| 1.Title of Secur (Instr. 4) | ity | | 2. Amount of Beneficially (Instr. 4) | | 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5) | 4. Nat Owne (Instr | * | | |
| Common Sto | ock | | \$ 1,465,86 | 6 | D | Â | | | |
| Reminder: Repo | - | | ach class of securities benefici | ially SI | EC 1473 (7-02 | 2) | | | |
| , | Perso inform requir | ons who res nation cont red to respo | pond to the collection of ained in this form are not ond unless the form displ MB control number. | | | | | | |

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

| 1. Title of Derivative Security (Instr. 4) | 2. Date Exercisable and Expiration Date (Month/Day/Year) | | 3. Title and Amount of Securities Underlying Derivative Security (Instr. 4) | | 4. Conversion or Exercise Price of | 5. Ownership Form of Derivative | 6. Nature of Indirect Beneficial Ownership (Instr. 5) |
|-----------------------------------------------|----------------------------------------------------------------|--------------------|--------------------------------------------------------------------------------------|------------------------|---------------------------------------------|------------------------------------------|-------------------------------------------------------------|
| | Date Expirat Exercisable Date | Expiration Date | Title | Amount or Number of | Derivative Security | - | |

Shares

(I) (Instr. 5)

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|------------------------------------------------------------|--------------------|----|---------|-------|--|--|--|
| | Director 10% Owner | | Officer | Other | | | |
| Warren Holdings, LLC PO BOX 20187 PORTLAND, OR 97294 | Â | ÂX | Â | Â | | | |
| Signatures | | | | | | | |
| Robert C. Warren, Manager | 12/27/2010 | | | | | | |
| <u>**</u> Signature of Reporting Person | Date | | | | | | |

Explanation of Responses:

* 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).

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.