FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | DС | 20549 |
|---------------|------|-------|
| rvasiliigion, | D.C. | 20040 |

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|
| OMB Number: 3235-0287 | | | | | | | |
| Estimated average burden | | | | | | | |
| hours per response: | 0.5 | | | | | | |

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* BEXIGA ANNABELLE G | | | | | 2. Issuer Name and Ticker or Trading Symbol StoneX Group Inc. [SNEX] | | | | | | | | (Ch | lelationship eck all app X Direc | , | | n(s) to Is: | | |
|--|--|---------|------------------|--|--|--|--|--------------------------------------|--|---|----------|--|--|--|--|--|---|---------|--|
| (Last) | (Fi | rst) (ľ | Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 02/27/2024 | | | | | | | | | Office below | er (give title v) | | Other (s below) | pecify | |
| 230 PARK AVENUE 10TH FLOOR | | | | | 4. If <i>A</i> | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | Line | Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person | | | | | |
| (Street) NEW YORK NY 10169 | | | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | |
| (City) | (St | ate) (Z | Zip) | | Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Ir | | | | | | | | et to a co | ntract, instrution 10. | uction or writt | en plan th | at is inter | ided to | |
| | | Table | I - Non- | -Deriva | tive S | Secu | rities | Acq | uired, | Dis | posed of | , or E | 3en | eficia | lly Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transar Date (Month/Da | | | | ay/Year) Execut | | cution | | Transaction Disposed Code (Instr. 5) | | ies Acquired (A) Of (D) (Instr. 3, 4 | | (A) or . 3, 4 an | Benefic Owned | ies cially Following | 6. Owne Form: D (D) or In (I) (Instr. | irect direct l | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | Code | ode V Amount | | (A) (D) | or | Price | Report Transa (Instr. 3 | orted isaction(s) tr. 3 and 4) | | | |
| Restricted Shares of Common Stock ⁽¹⁾ 02/27/ | | | | | 2024 | | Α | | 1,766 | 1 | A \$0 | | 9,890 | | D | | | | |
| | 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) | erivative Conversion Date Execution Date, Transcription or Exercise (Month/Day/Year) if any | | Transa Code (| ansaction of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | vative irities ired r osed) | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Insti 3 and 4) | | f | 3. Price of Derivative Security Instr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ow For Dir or I (I) (| rnership rm: ect (D) Indirect (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | Code V (A) (D) | | Date Exercisa | able | Expiration Date | Amou or Numb of Title Share | | nber | | | | | | | |

Explanation of Responses:

1. Acquired through the Company's Restricted Stock Plan as part of the annual compensation of non-executive directors and as disclosed in the Proxy Statement dated January 18, 2024. Shares vest fully on the first anniversary of the grant date.

Remarks:

Annabelle G. Bexiga

02/27/2024

** 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.