FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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

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* CONFRANCESCO EWARD R JR | | | | | | 2. Issuer Name and Ticker or Trading Symbol INTERNATIONAL ASSETS HOLDING | | | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|---|---|------------|---|---------|------------------------------|--|---|--------|-------------|--|----------|---|---|-------------|--|--|---|---|--|--|--|--|
| CONFI | KANCES | CO E WARD | KJK | | | CORP [IAAC] | | | | | | | | | | | ctor | | 10% O | wner | | |
| (Last) (First) (Middle) | | | | | | | | | | | | | | | | X Office below | er (give title w) | | Other (below) | specify | | |
| 220 E. CENTRAL PARKWAY SUITE 2060 | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/01/2004 | | | | | | | | | | | (| 000 | | | | |
| (Street) ALTAMONTE FL 32701 | | | | | 4. 1 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | | |
| SPRING | S | L | 32701 | | | | | | | | | For | Form filed by More than One Reporting Person | | | | | | | | | |
| (City) (State) (Zip) | | | | | | | | | | | | | | | | | | | | | | |
| | | Tab | le I - Nor | า-Deriv | /ative | Se | curiti | ies Ac | qui | ired, D | isp | osed c | of, or | Ben | eficial | ly Own | ed | | | | | |
| Dat | | | | | saction /Day/Ye | ear) i | 2A. Deemed Execution Date, ar) if any (Month/Day/Yea | | ·, | 3. Transact Code (In: 8) | | Securities Acquired (A sposed Of (D) (Instr. 3, | | | Secur Benet Owne | cially I Following | Form (D) o | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | | Ī | Code \ | , | Amount | | A) or D) | Price | | ted action(s) 3 and 4) | | | (Instr. 4) | | |
| Common | | 1/200 | /2004 | | | Х | | 2,000 | 0 | A | \$6.5 | 5 | 3,200 | | D | | | | | | | |
| | | 7 | Γable II - | | | | | | | | | sed of, onverti | | | | Owne | I | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | | 3A. Deeme Execution if any (Month/Da | Date, | 4. Transa Code (8) | | of | | Exp | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4) | | | 8. Price of Derivativ Security (Instr. 5) | | e s ally g | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exe | e ercisable | Ex Da | piration ite | Title | | Amount or Number of Shares | nber | | | | | | |
| Stock Option | \$6.5 | 06/01/2004 | | | X | | | 2,000 | 05/ | /01/2004 | 06 | /01/2004 | Comm | ion | 2,000 | \$6.5 | 0 | | D | | | |

Explanation of Responses:

Remarks:

Exercise of stock option.

Edward R. Cofrancesco

06/03/2004

** 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.