FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | | |
|----------------------|----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-028 | | | | | | | | |
| Estimated average bu | rden | | | | | | | | |

| | Check this box if no longer subject to |
|---|--|
| ١ | Section 16. Form 4 or Form 5 |
| J | obligations may continue. See |
| | Instruction 1(b) |

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP hours per response: 0.5

| | | | | | | _ | | | | | | | | | | | | | | | |
|---|--|-------|--------|--|---|-----------|--|---|--------------------------------------|------------|---|---|---|---------------------|--|---|--|---|--------------|----|--|
| Name and Address of Reporting Person* PARTHEMORE ERIC | | | | 2. Issuer Name and Ticker or Trading Symbol INTL FCSTONE INC. [INTL] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | | | | |
| PARTIEMORE ERIC | | | | | | | | | | | | | X D | rector | | 10% C | wner | | | | |
| (Last) (First) (Middle) 329 PARK AVENUE N. | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 10/31/2014 | | | | | | | | | | ficer (give title low) | | Other (specify below) | | | | |
| SUITE 3 | 50 | | | | | 4. 11 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6 | 6. Individual or Joint/Group Filing (Check Applicable | | | | | | |
| | | | | | | - '' '' | , | 01141110111 | , Date o | · Original | | (| 2,7.00 | <i>)</i> | | Line) | | | | | |
| (Street) | | | | | | | | | | | | | | | | X F | orm filed by Or | ne Rep | porting Pers | on | |
| WINTER | R PARK | FL | 3 | 32789 | | _ | | | | | | | | | | Form filed by More than One Reporting Person | | | | | |
| (City) | (| (Stat | re) (2 | Zip) | | | | | | | | | | | | | | | | | |
| | | | Tabl | e I - Nor | -Deriv | ative | Se | curitie | s Acc | uired, | Dis | posed o | f, or | Bene | eficia | ally Ow | ned | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | | Execution Dat | | n Date, | Code (| Transaction Disposed Code (Instr. 5) | | ities Acquired (A) d Of (D) (Instr. 3, | | | nd Sec Ber Ow | mount of urities leficially ned Following lorted | Fori | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | | | Code | v | Amount | | (A) or (D) | Price | Tra | nsaction(s) tr. 3 and 4) | | | (111341. 4) | | |
| Restricted Shares of Common Stock ⁽¹⁾ 10/31. | | | | | 1/2014 | | | | | | 415 | 5 A | | \$ | 0 | 13,701 | | 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) | Derivative Conversion Date Execution Date, Tran Security or Exercise (Month/Day/Year) if any Cod | | | Transa Code (| action of I | | Expiration | s. Date Exercisable and Expiration Date Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | 8. Price (Derivativ Security (Instr. 5) | | y | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
| | | | | | | Codo | ,, | (0) | | Date | | Expiration | Title | or Nun of | ount | | | | | | |

Explanation of Responses:

1. Acquired through the Company's Restricted Stock Program. Shares vest equally on anniversary in years one, two and three.

Remarks:

Eric Parthemore

11/03/2014

** 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.