SEC Form 4	
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## FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

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OMB Number:	3235-0287								
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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

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 <sup>*</sup> OCONNOR SEAN MICHAEL						2. Issuer Name <b>and</b> Ticker or Trading Symbol <u>StoneX Group Inc.</u> [ SNEX ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner V Officer (give title Other (specify					
(Last) 230 PAR	( K AVENU	First) Έ	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 12/05/2023								X	X Officer (give the Other (specify below) below) CEO/President					
10TH FLOOR						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) NEW YC	Street) NEW YORK NY 10169														X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(	State)	(Zip)		F	Rule 10b5-1(c) Transaction Indication														
	Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.													o satisfy						
		Ta	able I - Noi	n-Deri	ivati	ive S	ecuritie	s Ac	quire	d, Di	sposed c	of, or E	Bene	ficially	Owned					
1. Title of Security (Instr. 3) 2. Transa Date (Month/E					-	Execution if any	2A. Deemed Execution Date, f any Month/Day/Year)		Transaction Disposed Code (Instr. 5)		ties Acquired (A) or d Of (D) (Instr. 3, 4 and			5. Amount Securities Beneficiall Owned Fo	У	Form:	Direct I Indirect E str. 4) (	7. Nature of ndirect Beneficial Dwnership		
								Cod	de V	Amount	(A (D	) or )	Price	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)		
Common	Common Stock														524,110		D			
Common	ommon Stock													91,9	91,935		I	By Trust		
Common	Common Stock													1,170,651		,651		Darseaker Limited		
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned   (e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of Derivative (Instr. 3)   2. Conversion or Exercise Price of Derivative Security   3. Transaction Date (Month/Day/Year)   3A. Deeme Execution if any (Month/Day/Year)				ate, Transa Code (		e (Instr. Acquin or Disp of (D)		Derivative Ex		5. Date Exercisable and Expiration Date Month/Day/Year)			7. Title and Amor of Securities Underlying Derivative Securi (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
				c	Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	0 N	mount r lumber f Shares		(Instr. 4)				
Stock Options <sup>(1)</sup>	\$64.25 <sup>(2)</sup>	12/05/2023			Α		450,000		12/05/2	026 <sup>(3)</sup>	12/05/2031	Common Stock 450		50,000	\$64.25	750,000		D		

Explanation of Responses:

1. The option grant was approved by the Company's Board of Directors on December 5, 2023.

2. The strike price of the grant was set by the Company's Board of Directors as the closing price on the day prior to the grant, December 4, 2023.

3. The options vest in equal tranches on each of the third, fourth, fifth, sixth and seventh anniversaries of the grant date.

Remarks:

## Sean M. O'Connor

\*\* Signature of Reporting Person

<u>12/07/2023</u> 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.