FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL

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

			UI SECI	1011 30(11) 0	i tile ilive	estinent Company Act of 18	940				
1. Name and Add	2. Date of Event Requiring States (Month/Day/Yea 09/30/2009	ment	3. Issuer Name and Ticker or Trading Symbol  INTERNATIONAL ASSETS HOLDING CORP [ IAAC ]								
(Last) (First) (Middle) 1251 NW BRIARCLIFF PKWY SUITE 800						ationship of Reporting Perso ( all applicable) Director Officer (give title	on(s) to Issue 10% Owne Other (spe	er (1	5. If Amendment, Date of Original Filed (Month/Day/Year)  6. Individual or Joint/Group Filing (Check		
(Street) KANSAS CITY (City)	MO (State)	64116 (Zip)				below)	below)	, 1,	pplicable Line)  X Form filed b	y One Reporting Person y More than One	
		·	Table I - Noi	า-Deriva	tive Se	ecurities Beneficiall	y Owned	•			
1. Title of Security (Instr. 4)					2. Amount of Securities Beneficially Owned (Instr. 4)				4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Common Stock						575	D				
		(e.				urities Beneficially ptions, convertible		s)			
1. Title of Derivative Security (Instr. 4)			2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Security Underlying Derivative Security			4. Conversi or Exerci	se Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
			Date Exercisable	Expiratio Date	n Title		Amount or Number of Shares	Price of Derivative Security	Direct (D) e or Indirect (I) (Instr. 5)		
Stock Option			09/30/2009	06/13/201	6	Common Stock	9,912	18.64	D		
Stock Option			09/30/2009	03/15/201	7	Common Stock	8,960	54.23	D		

Explanation of Responses:

Eric Parthemore

10/07/2009

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).