FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

OMB APPROVAL								
OMB Number:	3235-0104							
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* Grzybowski Edward J			Date of Event Requiring Staten Month/Day/Year 19/23/2014	nent	3. Issuer Name and Ticker or Trading Symbol INTL FCSTONE INC. [INTL]							
(Last) (First) (Middle) 708 THIRD AVENUE				Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner			(1)	5. If Amendment, Date of Original Filed (Month/Day/Year)				
SUITE 1500					Officer (give title below)		Other (spe below)		6. Individual or Joint/Group Filing (Check Applicable Line)			
(Street) NEW YORK	NY	10017								y One Reporting Person y More than One erson		
(City)	(State)	(Zip)										
Table I - Non-Derivative Securities Beneficially Owned												
1. Title of Security (Instr. 4)						unt of Securities ially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)												
1. Title of Derivative Security (Instr. 4) 2. Date Exercisable Expiration Date (Month/Day/Year)			ate	Underlying Derivative Security (Instr. 4) Convei		Conversion or Exercise	se Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)				
			Date Exercisable	Expiratior Date	n Title	9	Amount or Number of Shares	Price of Derivative Security	Direct (D) or Indirect (I) (Instr. 5)			

Explanation of Responses:

Remarks:

No securities are beneficially owned.

Edward J. Grzybowski 09/23/2014

** 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 5 (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.