FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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| OMB APPROVAL | | | | | | | | |
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| OMB Number: | 3235-028 | | | | | | | |
| Estimated average bur | den | | | | | | | |
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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).

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* Henze Daryl K | | | | | | 2. Issuer Name and Ticker or Trading Symbol INTL FCSTONE INC. [INTL] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | | | | | |
| | <u> </u> | | | | | | | | | | | | | | | X | | | | | | | | |
| (Last) (First) (Middle) 329 PARK AVENUE N. | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 07/31/2015 | | | | | | | | | | Office | er (give title v) | | Other (below) | (specify | | | | |
| SUITE 3 | 50 | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | | | |
| , | | | | | | - " " | II / inclidition, bate of Original Filed (World IDdy/Teal) | | | | | | | | | | Line) | | | | | | | |
| (Street) | | | | | | | | | | | | | | | | X Form filed by One Reporting Person | | | | | | | | |
| WINTER PARK FL 32789 | | | | | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | | | |
| (City) | (| State) | (Z | ip) | | | | | | | | | | | | | | | | | | | | |
| | | | Table | l - Non | -Deriv | ative | Se | curitie | s Acc | quired, | Dis | posed o | f, or | Bene | eficia | ally C | Owne | ed | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transar Date (Month/Da | | | | | | ar) | Executio if any | . Deemed ecution Date, any onth/Day/Year) | | | | ties Acquired (A) d Of (D) (Instr. 3, | | | 4 and Sec Ben Owi | | Amount of curities neficially ned Following ported | | wnership m: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership | | | | |
| | | | | | | | | | | Code | v | Amount | | (A) or (D) Price | | Transa | | action(s) 3 and 4) | | | (Instr. 4) | | | |
| Restricted Shares of Common Stock ⁽¹⁾ 07/31/ | | | | | | 31/2015 | | | | A | | 226 | | A | \$ | \$0 1 | | 16,352 | | 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) | 2. Conversio or Exercise Price of Derivative Security | n Date | Date Exec (Month/Day/Year) if an | | ution Date, | | 4. Transaction Code (Instr. 8) | | of | | xercis n Date ay/Ye | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. : and 4) | | | | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownersh Form: Direct (D or Indirec (I) (Instr. | Ownership | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | Code | v | (A) | (D) | Date Exercisal | | Expiration Date | Title | or Nun of | nber | | | | | | | | | |

Explanation of Responses:

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

Remarks:

Daryl K. Henze

08/04/2015

** 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.