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* <u>Davison Stuart</u>			2. Date of Event Requiring Statement (Month/Day/Year) 07/01/2024 3. Issuer Name and Ticker or Trading Symbol StoneX Group Inc. [SNEX]								
(Last) 230 PARK 10TH FLO		(Middle)			4. Relationship of Reporting Issuer (Check all applicable) Director Officer (give	g Person(s) to 10% Owner Other (specify		If Amendment, Date of Original Filed (Month/Day/Year) Individual or Joint/Group Filing			
(Street) NEW YORK	NY	10169			chief Operatin	below)		(Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(State)	(Zip)									
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)				Į i	2. Amount of Securities Beneficially Owned (Instr. 4)	1		4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Common Stock					3,404	D					
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
		2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of		Form:	6. Nature of Indirect Beneficial Ownership (Instr.		
			Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Derivativ Security	ve	Direct (D) or Indirect (I) (Instr. 5)	5)	

Explanation of Responses:

Remarks:

Stuart Davison

07/16/2024

** Signature of Reporting

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.

 $^{^{\}star}$ 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).