

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>Harrod Patricia Marie</u> <hr/> (Last) (First) (Middle) <u>1251 NW BRIARCLIFF PARKWAY</u> <u>SUITE 800</u> <hr/> (Street) <u>KANSAS</u> <u>MO</u> <u>64116</u> <u>CITY</u> <hr/> (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) <u>01/04/2016</u>	3. Issuer Name and Ticker or Trading Symbol <u>INTL FCSTONE INC. [INTL]</u> <hr/> 4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director _____ 10% Owner _____ Officer (give title below) <input checked="" type="checkbox"/> Other (specify below) <p style="text-align: center;"><u>Chief Risk Officer</u></p>	5. If Amendment, Date of Original Filed (Month/Day/Year) <hr/> 6. Individual or Joint/Group Filing (Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person
--	---	---	--

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
<u>Restricted Shares of Common Stock</u>	<u>3,220</u>	<u>D</u>	

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	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 Derivative Security	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			
<u>Stock Options</u>	<u>01/08/2016⁽¹⁾</u>	<u>01/08/2019</u>	<u>Common</u>	<u>2,000</u>	<u>20.54</u>	<u>D</u>	
<u>Stock Options</u>	<u>01/16/2015⁽²⁾</u>	<u>01/16/2018</u>	<u>Common</u>	<u>1,333</u>	<u>19.24</u>	<u>D</u>	

Explanation of Responses:

1. Commencing on 1/8/2016 the Optionee shall be entitled to exercise 667 shares of the Option. Commencing on 1/8/2017 the Optionee shall be entitled to exercise 667 shares of the Option. Commencing on 1/8/2018 the Optionee shall be entitled to exercise 666 shares of the Option.
2. Commencing on 1/16/2016 the Optionee shall be entitled to exercise 667 shares of the Option. Commencing on 1/16/2017 the Optionee shall be entitled to exercise 666 shares of the Option.

Remarks:

Patricia M. Harrod

01/04/2016

** 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.