FORM 4

Check this box if no longer subject

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. 20549 |
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|-------------|------------|

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | | | |
| Estimated average burden | | | | | | | | | | | |
| hours per response | . 0.5 | | | | | | | | | | |

to Section 16. Form 4 or Form 5 obligations may continue. See Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 Instruction 1(b).

| Name and Address of Reporting Person* Cooper Pigns I. | | | | | 2. Issuer Name and Ticker or Trading Symbol StoneX Group Inc. [SNEX] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
|--|--|-----------|---------|---|--|---|--|---------------------------------|------------------|------------|--|-------------------|---------------------------|---|---|---|----------------------|---|---------|--|
| Cooper Diane L. | | | | | | | | 1 | | | J | | | | X Direc | tor | | 10% O | wner | |
| (Last) 230 PAR | (i K AVENI | , | Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 07/29/2022 | | | | | | | | | | - | Office below | er (give title | | Other (below) | specify | |
| 10TH FLOOR 4. If Amendment, Date of Original Filed (Month) | | | | | | | | | d (Month/Da | y/Year |) | 6. In | | Joint/Grou | p Filing | g (Check A | pplicable | | | |
| (Street) | | | | | 1 | | | | | | | | | | X Form filed by One Reporting Person | | | | | |
| NEW YO | ORK N | Y 1 | 0169 | | | | | | | | | | | | Form Perso | filed by Mo | re than | One Rep | orting | |
| (City) | (\$ | State) (2 | Zip) | | | | | | | | | | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | Execution Date, | | 3. Transaction Code (Instr. 8) 4. Securitie Disposed 0 5) | | | | | Benefic | ies ially Following | Form: | Direct Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
| | | | | | | | | | Code V | | Amount | (A) (D) | or F | Price | Transa | | ction(s) 3 and 4) | | | |
| Restricted Shares of Common Stock ⁽¹⁾ 07/29/2 | | | | | 2022 | | A | | 115 | A | | \$ <mark>0</mark> | 6,934 | | | 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) | erivative Conversion Date Execution Date, or Exercise (Month/Day/Year) if any | | | 4. Transaction Code (Instr. 8) | | of Deriv Secu Acqu (A) o Disp of (D | rities lired r osed) r. 3, 4 | Expiration Dai (Month/Day/Ye | | te ear) | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | str. | 3. Price of Derivative Security Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownersh Form: Direct (D) or Indirec (I) (Instr. | Ownership Form: | Beneficial Ownership t (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | able | Expiration Date Title | | of Share | es | | | | | | |

Explanation of Responses:

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

Remarks:

Diane L. Cooper

08/01/2022

** 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.