## FORM 5

Check this box if no longer subject to

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	$D \subset$	205/10
wasiiiigton,	D.C.	20549

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL

wasnington, D.C.	20549

OMB APPROVAL									
OMB Number:	3235-0362								
Estimated average burden									

1.0

hours per response

Section 16. Form 4 or Form 5 obligations may continue. See
Instruction 1(b).

Form 3 Holdings Reported.

rm 4 Transactions Donortod

**OWNERSHIP** Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

Tom 4 Hansactions Reported.		or Section 30(h)	) of the Investi	ment Company A	ct of 194	0				
1. Name and Address of Reporting Person*  Wheeler Justin Rex  (Last) (First) (Middle)		2. Issuer Name and Ticker or Trading Symbol INTERNATIONAL ASSETS HOLDING CORP [ IAAC ]						ionship of Report all applicable) Director Officer (give title below)	10 e Otl	% Owner her (specify
329 PARK AVENUE NORTH SUITE 350	3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 09/30/2010						ŕ		,	
(04		4. If Amendment	t, Date of Orig	inal Filed (Month/	Day/Yea		. Indivi	dual or Joint/Grou	up Filing (Che	k Applicable
(Street) WINTER PARK FL 3.	2789						X	•		
(City) (State) (Z	Zip)									
Table	e I - Non-Deriv	ative Securitie	es Acquire	ed, Disposed	of, or	Benefici	ally C	Owned		
1. Title of Security (Instr. 3)	2. Transaction Date Execution Date (Month/Day/Year) 2A. Deemed Execution Date if any (Month/Day/Year)		3. Transaction Code (Instr. 8)	4. Securities Acq Of (D) (Instr. 3, 4		or Disposed	5. Amount of Securities Beneficially Owned at end of		6. Ownership Form: Direct	7. Nature of Indirect Beneficial Ownership
		(monumbay/real)	5,	Amount	(A) or (D)	Price	Is	suer's Fiscal ear (Instr. 3 and	rirector 10% Owner ffficer (give title elow) Other (specially efficially eld at end of er's Fiscal (Instr. 3 and other special other (specially end at end of er's Fiscal (Instr. 3 and other special other end other en	(Instr. 4)
Restricted Shares of Common Stock	01/29/2010(1)		A	169	A	\$0		7.669	D	

## Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1,569

153

A

Α

\$<mark>0</mark>

\$0

9,238

9,391

D

D

Α

Α

	(-3/)/													
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	5. Numof Derive Securion (A) or Disposof (D) (Instrand 5	ative rities ired osed	6. Date Exerc Expiration Da (Month/Day/\	ate	7. Title Amoun Securit Underly Derivat Securit and 4)	it of ies ying	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

## **Explanation of Responses:**

Restricted Shares of Common Stock

Restricted Shares of Common Stock

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

03/03/2010(2)

04/30/2010(1)

2. Acquired through the Company's Restricted Stock Plan as part of the annual compensation of independent directors and as disclosed in the Proxy Statement dated January 15, 2010. Shares vest equally on anniversary in years one, two and three.

> David A. Bolte, Attorney in Fact for Justin R. Wheeler

07/19/2010

\*\* 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.