FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APP	ROVAL
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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

						_		( )				ipariy Act											
1. Name and Address of Reporting Person*  Lyon Charles M							2. Issuer Name and Ticker or Trading Symbol INTL FCSTONE INC. [ INTL ]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Lyon C	naries i	<u>VI</u>				1	11,121,0010111110. [ 11,12 ]										Direc	ctor		10% O	wner		
,						-									_	Officer (give title X Other (sp							
(Last)		(First)	(1	Middle)			3. Date of Earliest Transaction (Month/Day/Year)									Delow) Delow)							
329 PARK AVENUE NORTH								12/14/2017									Executive VP - subsidiary						
SUITE 3		021.0																					
SUITES	50					4 15	Λmo	ndmont	Doto	of Original	Filod	(Month/D	ov/Voc	25)	-	6 Individual or Joint/Croup Filing (Chook Applicable							
				4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line)										
(Street)			_													X Form filed by One Reporting Person							
WINTER	PARK	FL	3	2789												Form filed by More than One Reporting							
						-											Pers		ie iliai	ii Olie ivepi	orting		
(City)		(State)	(2	Zip)																			
			Tabl	e I - Nor	ı-Deri\	ative	Se	curitie	s Ac	quired,	Dis	posed o	f, or	Bene	efici	ally	Owne	ed					
1. Title of S	ecurity (I	nstr. 3)			2. Trans	saction		2A. Deen		3.								ount of		vnership	7. Nature		
					Date (Month)	Day/Ye	Execution Date, ay/Year) if any				Transaction Disposed Of (D) (Instr. 3, Code (Instr. 5)				. 3, 4 a	ınd	Securi Benefi			Form: Direct (D) or Indirect	of Indirect Beneficial		
(Montaliza								(Month/Day/Year)							Owne		d Following		l) (Instr. 4)	Ownership			
							Codo	Code V Amount		(A) or Dri		Price	Repoi		rted action(s)			(Instr. 4)					
									Code	ľ	Amount	(D) Pr		Price	(Instr		r. 3 and 4)						
Common Stock 12/14/							7			F <sup>(1)</sup>		1,495	5	D \$		39,		9,572		D			
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																							
(e.g., puts, calls, warrants, options, convertible securities)																							
1. Title of	2.		ansaction	3A. Deeme		4.		5. Number		6. Date Ex		ole and 7. Title and			8. Price of		9. Number o		.0.	11. Nature			
Derivative Security	Conversi		Date (Month/Day/Year)	Execution if any	Date,	Transa Code (				Expiration (Month/D			Amount of Securities			Derivative Security		derivative Securities		Ownership Form:	of Indirect Beneficial		
(Instr. 3) Price of (Month/Day/Year)						8)		Securities Acquired (A) or		(Montanz)	uy, i c	,	Unde	erlying	ring		r. 5)	Beneficially	D	Direct (D)	Ownership		
Derivative										Derivative Security (I				str. 3		Owned Following			or Indirect (I) (Instr. 4)	(Instr. 4)			
							Disposed				and 4)				· · · · ·			Reported		, (			
								of (D) (Instr. 3, 4									Transaction (Instr. 4)	(s)					
									and 5)									` ' '					
					ĺ							Amount		ount	1								
														or	nber								
					1		Date		Expiration		of												
Code				V	(A)	(D)	Exercisal	ole   [	Date	Title	Sha	res											

## **Explanation of Responses:**

1. Represents disposition to issuer to cover taxes payable upon vesting of shares exempt pursuant to Rule 16b-3.

## Remarks:

Charles M. Lyon

12/18/2017

armed directly or indirectly

\*\* Signature of Reporting Person Date

 $Reminder: Report \ on \ a \ separate \ line \ for \ each \ class \ of \ securities \ beneficially \ owned \ directly.$ 

- $^{\star}$  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.