FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Machinatan | D C | 20540 | |
|-------------|------|-------|--|
| Nashington, | D.C. | 20049 | |

| STATEMENT | OF CHANGE | S IN BENEFICI | AL OWNERSHIP |
|------------------|------------------|---------------|---------------------|

| OMB APPRO | OVAL |
|-----------------------|-----------|
| OMB Number: | 3235-0287 |
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| hours per response: | 0.5 |

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

| Name and Address of Reporting Person* Thamodaran Dhamu R. | | | | | 2. Issuer Name and Ticker or Trading Symbol StoneX Group Inc. [SNEX] | | | | | | (Che | elationship eck all app Direc | , | ng Pers | son(s) to Is | | | | |
|---|---|--|---|--------------------|--|--|--------|--------------------------------------|--|---|--|-------------------------------------|-----------------------------------|--|--------------|--|---|--|------------|
| (Last) | (Fir | st) (M | /liddle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/31/2024 | | | | | | | Office below | er (give title v) | | Other (s below) | specify | | |
| 230 PARK AVENUE 10TH FLOOR | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | | . | | | |
| (Street) NEW YO | • | | | | | Form filed by More than One Reporting Person | | | | | | | | | orting | | | | |
| (City) | (Sta | ate) (Z | Zip) | | $ _{\Box}$ | Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to satisfy the affirmative defense conditions of Rule 10b5-1(c). See In | | | | | | | | | | | | | |
| | | Table | I - Nor | n-Deriva | tive S | Secu | rities | Acq | uired, | Dis | oosed of | , or E | Benef | ficial | lly Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | ay/Year) Execution | | cution Date, | | Transaction Disposed Code (Instr. 5) | | ies Acquired (A) Of (D) (Instr. 3, 4 | | | Benefic Owned | ties Fo cially (D I Following (I) | | : Direct Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code | v | Amount | (A) (D) | or P | Price | | action(s) 3 and 4) | | | (Instr. 4) |
| Restricted | icted Shares of Common Stock ⁽¹⁾ 01/3 | | 01/31/ | 2024 | | | A | | 153 | A | 1 | \$ <mark>0</mark> | 20 | 20,934 | | D | | | |
| | | Tal | | | | | | | | | osed of, onvertib | | | | / Owned | d | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deel Execution if any (Month/I | | 4. Transa Code (8) | | n of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | S | B. Price of Derivative Security Instr. 5) | | Owners Form: Direct (or Indir (I) (Inst | Ownership | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | able | Expiration Date | Title | Amou or Numb of Share | ber | | | | | |

Explanation of Responses:

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

Remarks:

Dhamu R. Thamodaran

02/01/2024

** 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.