## SEC Form 4

Instruction 1(b).

## FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

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

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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 <sup>*</sup> BRANCH SCOTT J		Person <sup>*</sup>	2. Issuer Name <b>and</b> Ticker or Trading Symbol <u>StoneX Group Inc.</u> [ SNEX ]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner
	(First) 4TH STREET	(Midule) EET	3. Date of Earliest Transaction (Month/Day/Year) 08/28/2020	Officer (give title Other (specify below) below)
SUITE 900 (Street) NEW YORK			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 Form filed by More than One Reporting Person
(City)	(State)	(Zip)		

## Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transa Code ( 8)				5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(1150.4)
Common Stock <sup>(1)</sup>	08/28/2020		G		7,100	D	\$ <mark>0</mark>	446,525	Ι	By Trust
Common Stock								82,009	D	
Common Stock								376,000	Ι	By Spouse

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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code ( 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) 6. Date Exercisable and Expiration Date (Month/Day/Year)   Image: Application of the second of (D) (Instr. 3, 4 and 5) 6. Date Exercisable (Month/Day/Year)   Image: Application of the second of (D) (Instr. 3, 4 and 5) 1   Image: Application of the second of (D) (Instr. 3, 4 and 5) 1   Image: Application of the second of (D) (Instr. 3, 4 and 5) 1   Image: Application of the second of (D) (Instr. 3, 4) 1   Image: Application of the second of (D) (Instr. 3, 4) 1   Image: Application of the second of (D) (Instr. 3, 4) 1   Image: Application of the second of (D) (Instr. 3, 4) 1   Image: Application of the second of (D) (Instr. 3, 4) 1   Image: Application of the second of (D) (Instr. 3, 4) 1   Image: Application of the second of (D) (Instr. 3, 4) 1   Image: Application of the second of (D) (Instr. 3, 4) 1   Image: Application of the second of (D) (Instr. 3, 4) 1   Image: Application of the second of (D) (Instr. 3, 4) 1   Image: Application of the second of (D) (Instr. 3, 4) 1   Image: Application of the second of (D) (Instr. 3, 4)   Im		Amount of Securities		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)
				Code	v				Expiration Date	Title	Amount or Number of Shares		

Explanation of Responses:

1. Gift to a charitable foundation

Remarks:

Scott J. Branch

08/31/2020

\*\* 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.