FORM 5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL
OWNERSHIP

OMB APPROVAL								
OMB Number: 3235-0								
Estimated average burden								
hours per response:	1.0							

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Form	4 Transactions	Reported.	Fi	led pursuant or Section					rities Exchar Company Act			4					
Name and Address of Reporting Person* Schroeder Aaron					2. Issuer Name and Ticker or Trading Symbol INTL FCSTONE INC. [INTL]						(Che	5. Relationship of Reporting Pe (Check all applicable) Director Officer (give title				ssuer Owner (specify	
(Last) 1251 NV SUITE 8	V BRIARC	First)	(Middle) Y		3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 09/30/2014							X Officer (give title Officer (specify below) Group Controller					
(Street) KANSAS CITY MO 64116					e of Orig	inal Fil	ed (Month/D	ay/Year))	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person							
(City)			(Zip)	-									Form f Persor		lore thar	n One Re	porting
		Tab	le I - Non-Deri	vative Se	curitie	es A	cquire	ed, Di	sposed o	of, or I	Bene	ficiall	y Owned				
Date I (Month/Day/Year) i			Execution I	2A. Deemed 3. Execution Date, if any Code (In (Month/Day/Year) 8)							osed	5. Amoun Securities Beneficia Owned at		6. Owner Form: (D) or	ship II Direct E	Nature of direct eneficial wnership	
				(MOILINDAY	, rear)	0,		Amou		A) or D)	Price		Issuer's F Year (Insti	Fiscal Ìndir		:t (I) (str. 4)
		7	Table II - Deriva (e.g.,	ative Secu puts, calls									Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	4. Transaction Code (Instr. 8)	of		Expirat	6. Date Exercisable and Expiration Date (Month/Day/Year)			e and nt of ities lying itive Se 3 and 4		8. Price of Derivative Security (Instr. 5)	9. Numb derivativ Securiti Benefic Owned Followin Reporte Transac (Instr. 4)	ve Ces Fially ong (I d tion(s)	10. Ownersh Form: Direct (D or Indire (I) (Instr.	Beneficial Ownership t (Instr. 4)
					(A)	(D)	Date Exercis	sable	Expiration Date	Title	or No of	umber					
Stock	\$19.24	01/16/2014		A	3,000		01/16/2	2015 ⁽¹⁾	01/16/2018	Comm		3,000	\$19.24	9,7	10	D	

Explanation of Responses:

1. The options vest in equal tranches on each of the first, second and third anniversaries of the grant date.

Remarks:

Aaron M. Schroeder

01/12/2015

** 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.