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

| Vashington. | D.C. | 20549 | |
|-------------|------|-------|--|

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL **OWNERSHIP**

| | OMB APPROVAL | | | | | | | | |
|---|--------------------------|-----------|--|--|--|--|--|--|--|
| l | OMB Number: | 3235-0362 | | | | | | | |
| l | Estimated average burden | | | | | | | | |
| l | hours per response: | 1.0 | | | | | | | |

Form 3 Holdings Reported.

| X Form 4 | Transactions | Reported. | Fil | ed pursuant to or Sectio | | | | | urities Exch Company A | | | 34 | | | | | | | |
|--|---|--|---|---|--|---|----------------------------------|--|---|--------|--|---|--|--|--|---|---|--|--|
| 1. Name and Address of Reporting Person* RADZIWILL JOHN | | | | INTER | 2. Issuer Name and Ticker or Trading Symbol INTERNATIONAL ASSETS HOLDING CORP [IAAC] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | |
| (Last) | (Fi | rst) (| Middle) | | | | | | | | | | Officer (give title Other (specify below) below) | | | | | | |
| 220 E. CENTRAL PARKWAY SUITE 2060 | | | | | 3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 09/30/2009 | | | | | | | | | | | | | | |
| (Street) ALTAMONTE SPRINGS FL 32701 | | | | 4. If Amer | | | | | | | | | 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) | | | | | | | | | | | | | reiso | | | | | | |
| | | Tab | e I - Non-Deriv | vative Sec | urit | ies A | cquire | ed, D | isposed | of, or | Ben | eficial | ly Owne | d | | | | | |
| 1. Title of Security (Instr. 3) | | 2. Transaction Date (Month/Day/Year) | if any | Execution Date, | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) or Disp Of (D) (Instr. 3, 4 and 5) | | | posed | Securities Beneficially | | Owners Form: I | ship Indi Direct Ben | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | (WOHUIDAY) | | | | | int | (A) or (D) Price | | | Owned at end of Issuer's Fiscal Year (Instr. 3 and 4) | | (D) or Indirect (I) (Instr. 4) | | (Instr. 4) | | | |
| Common Stock | | | | | | | | | | | | 2,495 | | D | | | | | |
| Common Stock | | 05/08/2009 | | | | J ⁽¹⁾ | | 335 | | \$1 | 13.52 | 273,418 | | I | | Through Humble Trading Ltd | | | |
| Common Stock | | | | | | | | | | | | 569,853 | | I | | Through Goldcrown Asset Mgmt | | | |
| Common Stock | | 06/03/2009 | | | X4 | | 5,000 | | A | \$6.23 | | 278,418 | | I I | | Through Humble Trading Ltd. | | | |
| | | Ţ | able II - Deriva (e.g., p | tive Secu outs, calls | | | | | | | | | Owned | | | | | | |
| 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) | of Deri Secu Acqu (A) of Disp of (D | osed) r. 3, 4 | Expirat (Month ties red sed 3, 4 | | s. Date Exercisable and Expiration Date Month/Day/Year) | | Amount of Securities Underlying Derivative Secu (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Numb derivativ Securitic Benefici Owned Followir Reporte Transac (Instr. 4) | ve Owner Form: Direct or India (I) (Insect or India (I) (I) (I) (I) (Insect or India (I) (I) (I) (I) (Insect or India (I) (I) (I) (I) (I) (I) (I) (Insect or India (I) (I) (I) (I) (I) (I) (I) (Insect or India (I) | | Beneficial Ownership ect (Instr. 4) | | |
| | | | | | | | Date Exerci | isable | Expiration sable Date | | 0 0 | mount r lumber f shares | | | | | | | |
| Stock Options | \$6.23 | 06/03/2009 | | 4X | | 5,000 | 000 06/08/2 | | 06/08/2009 | | Common Stock 5,00 | | \$6.23 | 5,000 | | D | | | |

Explanation of Responses:

1. Shares transferred from Mr. Radziwill to Humble Trading Ltd.

John Radziwill

09/11/2009

** Signature of Reporting Person

Date

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

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.

 $^{^{\}star}$ 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).