FORM 4

Check this box if no longer subjection 16. Form 4 or Form 5

obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| ect to | STATEMENT OF CHANGES IN BENEFICIAL | OWNERSHIP |
|--------|------------------------------------|-----------|
| | | |

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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* Anderson Paul G | | | | | 2. Issuer Name and Ticker or Trading Symbol INTL FCSTONE INC. [INTL] | | | | | | | | | tionship all appli Directo | cable) | g Person(s) to Iss 10% Ov | | wner | |
|---|---|--|------------|--|---|---|-------|---|----------------|--|------------------------|--|--|----------------------------------|---|--|------------------------|---|--|
| (Last) (First) (Middle) 1251 NW BRIARCLIFF PKWY SUITE 800 | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/07/2015 | | | | | | | | | Officer (give title below) | | Other (s below) | | specify |
| (Street) KANSAS CITY MO 64116 | | | | _ 4.1 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | | | | | |
| | | Tab | le I - N | lon-Deri | vative | Sec | uriti | es A | cquire | ed, D | isposed c | of, or B | eneficia | lly | Owned | t | | | |
| Date | | | Date | . Transaction Date Month/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an | | | Benefic | | ies ially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | | Transac (Instr. 3 | ction(s) | | | (Instr. 4) |
| Common Stock ⁽¹⁾ | | 12/07/2 | /07/2015 | | | | M | | 2,600 | A | \$18.6 | 8.64 | | 43,665 | | D | | | |
| Common Stock ⁽¹⁾ | | | 12/07/2015 | | | | S | | 2,600 | D \$36.113 | | 7 ⁽²⁾ | 41,065 | | | D | | | |
| | | 7 | able I | | | | | | | | posed of , converti | | | y O | wned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | if any | emed tion Date, n/Day/Year) | | Transaction Code (Instr. | | | | e Exerc tion Da n/Day/\ | | 7. Title and Amount of Securities Underlying Derivative Securi (Instr. 3 and 4) | | De Se | Price of rivative curity str. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | ly O Fo O (I) | LO. Dwnership Form: Direct (D) or Indirect I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exerci | sable | Expiration Date | Title | Amount or Number of Shares | | | | | | |
| Stock Options ⁽¹⁾ | \$18.64 | 12/07/2015 | | | M | | | 2,600 | 09/30/ | /2009 | 06/13/2016 | Common Stock | 2,600 | , | \$18.64 | 16,400 | | D | |

Explanation of Responses:

- $1. \ All \ of the \ transactions \ reported \ on \ this \ form \ are \ program \ transactions \ pursuant \ to \ a \ Rule \ 10b5-1 \ plan.$
- 2. The price reported represents an average price. The Reporting Person will provide to the Commission, the issuer and any stockholder, upon request, full information regarding the number of shares sold at each separate price.

Remarks:

Paul G. Anderson

12/09/2015

** 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.