Edgar Filing: INTL FCSTONE INC. - Form 4

INTL FCST	ONE INC.										
Form 4											
December 0	9, 2015										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								OMB APPROVAL			
CURINI 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549						UNIMISSION	OMB Number:	3235-0287			
Check the if no lon								Expires:	January 31,		
if no longer subject to STATEMENT OF CHANGES IN BENEFICIAL OWNE						ERSHIP OF	Estimated a	2005 verage			
	Section 16. SECURITIES							burden hours per			
Form 4 o Form 5	Form 4 or Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,						A at af 1024	response	0.5		
obligatio	-						•	Act of 1934, 1935 or Section			
may con	lunue.			•	•	-	•		l		
<i>See</i> Instruction 30(h) of the Investment Company Act of 1940 1(b).											
(Print or Type Responses)											
1. Name and Address of Reporting Person _ 2. Issue				er Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer			
And many Devel C											
			INTL FCSTONE INC. [INTL]					(Check all applicable)			
(Last)	(First) (Middle) 3. Date of Earliest Tra			Fransaction	l		(Check an applicable)				
			(Month/Day/Year)					XDirector10% Owner			
			12/07/2	2/07/2015				Officer (give title Other (specify below) below)			
PKWY, SUITE 800						,	,				
								6. Individual or Joint/Group Filing(Check			
Filed(Mo								Applicable Line) _X_ Form filed by One Reporting Person			
KANSAS CITY MO 64116 — Form filed by More than One Reporting											
		,						Person			
(City)	(State)	(Zip)	Tab	le I - Non-	Derivative	e Secu	rities Acqu	ired, Disposed of,	or Beneficial	ly Owned	
1.Title of	2. Transaction Date			3. 4. Securities Acquired (A						7. Nature of	
Security (Instr. 3)	(Month/Day/Year)		Date, if	Transacti Code	omr Disposed of (D) (Instr. 3, 4 and 5)			Securities Beneficially	Ownership Form:	Indirect Beneficial	
(Insu. 5)		any (Month/Da	y/Year)	(Instr. 8)	(111501. 5,	4 anu	5)	Owned	Ownership		
			-					Following	or Indirect	(Instr. 4)	
						(A)		Reported Transaction(s)	(I) (Instr. 4)		
				Coda V	Amount	or (D)	Price	(Instr. 3 and 4)	(mout i)		
Common											
Stock (1)	12/07/2015			М	2,600	А	\$ 18.64	43,665	D		
							\$				
Common	12/07/2015			S	2,600	D	» 36.1137	41,065	D		
Stock (1)					_,200		(2)	,			

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

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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. Transactio Code (Instr. 8)	5. Number prof Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. D S (I
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Options	\$ 18.64	12/07/2015		М	2,600	09/30/2009	06/13/2016	Common Stock	2,600	• •

Reporting Owners

Reporting Owner Name / Addres	55	Relationships						
	Director	10% Owner	Officer	Other				
Anderson Paul G 1251 NW BRIARCLIFF PKW SUITE 800 KANSAS CITY, MO 64116	YY X							
Signatures								
Paul G. 1 Anderson	2/09/2015							

<u>**</u>Signature of Reporting Person Date

Explanation of Responses:

- * 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).
- (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.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.