

INTL FCSTONE INC.  
Form 3  
January 04, 2016

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL

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**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,  
Section 17(a) of the Public Utility Holding Company Act of 1935 or Section  
30(h) of the Investment Company Act of 1940

(Print or Type Responses)

<p>1. Name and Address of Reporting Person *</p> <p>Â Harrod Patricia Marie</p> <p>(Last) (First) (Middle)</p> <p>1251 NW BRIARCLIFF PARKWAY,Â SUITE 800</p> <p>(Street)</p> <p>KANSAS CITY,Â MOÂ 64116</p> <p>(City) (State) (Zip)</p>	<p>2. Date of Event Requiring Statement</p> <p>(Month/Day/Year)</p> <p>01/04/2016</p>	<p>3. Issuer Name and Ticker or Trading Symbol</p> <p>INTL FCSTONE INC. [INTL]</p>	<p>4. Relationship of Reporting Person(s) to Issuer</p> <p>(Check all applicable)</p> <p><input type="checkbox"/> Director <input type="checkbox"/> 10% Owner</p> <p><input type="checkbox"/> Officer <input checked="" type="checkbox"/> Other</p> <p>(give title below) (specify below)</p> <p>Chief Risk Officer</p>	<p>5. If Amendment, Date Original Filed(Month/Day/Year)</p>	<p>6. Individual or Joint/Group Filing(Check Applicable Line)</p> <p><input checked="" type="checkbox"/> Form filed by One Reporting Person</p> <p><input type="checkbox"/> Form filed by More than One Reporting Person</p>
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**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Restricted Shares of Common Stock	3,220	D	Â

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

SEC 1473 (7-02)

**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 control number.**

**Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Title			

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		Expiration Date		Amount or Number of Shares		or Indirect (I) (Instr. 5)	
Stock Options	01/08/2016 <sup>(1)</sup>	01/08/2019	Common	2,000	\$ 20.54	D	Â
Stock Options	01/16/2015 <sup>(2)</sup>	01/16/2018	Common	1,333	\$ 19.24	D	Â

## Reporting Owners

Reporting Owner Name / Address	Relationships				
	Director	10% Owner	Officer	Other	
Harrod Patricia Marie 1251 NW BRIARCLIFF PARKWAY SUITE 800 KANSAS CITY, MO 64116	Â	Â	Â		Chief Risk Officer

## Signatures

Patricia M. Harrod 01/04/2016

\*\*Signature of  
Reporting Person

Date

## Explanation of Responses:

- \* If the form is filed by more than one reporting person, *see* Instruction 5(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) Commencing on 1/8/2016 the Optionee shall be entitled to exercise 667 shares of the Option. Commencing on 1/8/2017 the Optionee shall be entitled to exercise 667 shares of the Option. Commencing on 1/8/2018 the Optionee shall be entitled to exercise 666 shares of the Option.
  - (2) Commencing on 1/16/2016 the Optionee shall be entitled to exercise 667 shares of the Option. Commencing on 1/16/2017 the Optionee shall be entitled to exercise 666 shares of the Option.

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.