## Edgar Filing: INTL FCSTONE INC. - Form 4

| INTL FCSTC   | NE INC.                                 |  |   |  |   |                    |   |  |  |   |  |  |
|--|---|--|---|--|---|--------------------|---|--|--|---|--|--|
| Form 4   |   |  |   |  |   |                    |   |  |  |   |  |  |
| November 01  | , 2016                                  |  |   |  |   |                    |   |  |  |   |  |  |
| FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION  |   |  |   |  |   |                    |   |  |  | OMB APPROVAL  |  |  |
|  | UNITEDSI                                | Washington, D.C. 20549                               |   |  |   |                    |   |  |  | 3235-0287   |  |  |
| Check this box<br>if no longer<br>subject to<br>Section 16.<br>Form 4 or<br>Form 5<br>obligations<br>may continue.<br>See Instruction<br>1(b).STATEMENT OF CHANGES IN BENEFICIAL OWNED<br>SECURITIESSTATEMENT OF CHANGES IN BENEFICIAL OWNED<br>SECURITIESStatement of the securities exchange Ad<br>Section 17(a) of the Public Utility Holding Company Act of 193<br>30(h) of the Investment Company Act of 1940 |   |  |   |  |   |                    | e Act of 1934,<br>f 1935 or Sectio  | Expires: January 31,<br>2005<br>Estimated average<br>burden hours per<br>response 0.5<br>n |  |   |  |  |
| (Print or Type R   | esponses)                               |  |   |  |   |                    |   |  |  |   |  |  |
| 1. Name and Address of Reporting Person <u>*</u><br>FOWLER JOHN MOORE  |   |  | 2. Issuer Name <b>and</b> Ticker or Trading<br>Symbol<br>INTL FCSTONE INC. [INTL] |  |   |                    |   | 5. Relationship of Reporting Person(s) to<br>Issuer<br>(Check all applicable)              |  |   |  |  |
| (Last)   | (First) (Mid                            | ldle) 3.]  | 3. Date of Earliest Transaction   |  |   |                    |   | (Check an applicable)  |  |   |  |  |
| 329 PARK AVENUE<br>NORTH, SUITE 350  |   |  | (Month/Day/Year)<br>10/31/2016  |  |   |                    |   | X_ Director10% Owner<br>Officer (give titleOther (specify<br>below)below)                  |  |   |  |  |
|  |   | 4. If Amendment, Date Original Filed(Month/Day/Year) |   |  |   |                    | <ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul> |  |  |   |  |  |
| WINTER PA  | ARK, FL 32789                           |  |   |  |   |                    |   | Person   |  | porting   |  |  |
| (City)   | (State) (Zi                             | ip)  | Table   | I - Non-De                             | rivative S  | ecurit             | ies Acc   | uired, Disposed of   | f, or Beneficial   | ly Owned  |  |  |
| 1.Title of<br>Security<br>(Instr. 3)   | 2. Transaction Date<br>(Month/Day/Year) | 2A. Deemed<br>Execution I<br>any<br>(Month/Day       | Date, if  | 3.<br>Transactio<br>Code<br>(Instr. 8) | 4. Securi<br>onAcquired<br>Disposed<br>(Instr. 3, | l (A) o<br>l of (D | )   | Securities<br>Beneficially<br>Owned<br>Following<br>Reported                               | 6. Ownership<br>Form: Direct<br>(D) or<br>Indirect (I)<br>(Instr. 4) | 7. Nature of<br>Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |  |
| Restricted<br>Shares of  | 10/31/2016                              |  |   | Code V                                 | Amount  | or                 | Price<br>\$ 0   | Transaction(s)<br>(Instr. 3 and 4)<br>53,269   | D  |   |  |  |
| Common<br>Stock (1)<br>Common<br>Stock   |   |  |   |  |   |                    |   |  | I  | By Spouse   |  |  |

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

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.

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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<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction Date<br>(Month/Day/Year) | 4.<br>Transacti<br>Code<br>(Instr. 8) | 5.<br>ofNumber<br>of<br>Derivative<br>Securities<br>Acquired<br>(A) or<br>Disposed<br>of (D)<br>(Instr. 3,<br>4, and 5) |                     | ate                | Amou<br>Unde<br>Secur | rlying                                 | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Nu<br>Deriv<br>Secur<br>Bene<br>Own<br>Follo<br>Repo<br>Trans<br>(Instr |
|---|---|---|---------------------------------------|---|---------------------|--------------------|-----------------------|--|---|--|
|   |   |   | Code V                                | (A) (D)   | Date<br>Exercisable | Expiration<br>Date | Title                 | Amount<br>or<br>Number<br>of<br>Shares |   |  |

## **Reporting Owners**

| Reporting Owner Name / Addre  | SS         | Relationships |         |       |  |  |  |  |
|---|------------|---------------|---------|-------|--|--|--|--|
|   | Director   | 10% Owner     | Officer | Other |  |  |  |  |
| FOWLER JOHN MOORE<br>329 PARK AVENUE NORT<br>SUITE 350<br>WINTER PARK, FL 32789 | H X        |               |         |       |  |  |  |  |
| Signatures  |            |               |         |       |  |  |  |  |
| John M. Fowler  | 10/31/2016 |               |         |       |  |  |  |  |
| <u>**</u> Signature of<br>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) Acquired through the Company's Restricted Stock Program. Shares vest equally on anniversary in years one, two and three.

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.