#### Edgar Filing: Rose Nigel - Form 4

Rose Nigel												
Form 4												
March 18, 20	)19											
FORM	4									PPROVAL		
	UNITE	D STATES			ND EXC D.C. 205		IGE (	COMMISSION	OMB Number:	3235-0287		
Check thi if no long	or								Expires:	January 31,		
subject to		EMENT O	F CHAN			CIAI	L OW	NERSHIP OF	Estimated a	2005 average		
Section 1		SECURITIES						burden hours per				
Form 4 or Form 5		urguant to	Section 1	$f(a) \circ f(b)$	o Soouriti	oc Ev	ahana	ha h at of 1024	response	0.5		
obligation	· · · · ·						-	ge Act of 1934, f 1935 or Sectio	n			
may conti	inue.		) of the In	•	•	• •			11			
<i>See</i> Instru 1(b).	iction	50(11)	, or the m	, countent	compun.	1100	01 19					
(Print or Type R	(esponses)											
1. Name and A Rose Nigel	ddress of Reporti	ng Person <u>*</u>	2. Issuer Symbol	Name and	Ticker or T	Frading	g	5. Relationship of Issuer	f Reporting Per	son(s) to		
0			•	GAIN Capital Holdings, Inc.								
			[GCAP]	-	U,			(Chec	ck all applicable	e)		
(Last)	(First)	(Middle)	3. Date of	Earliest Tr	ansaction			Director		Owner		
				(Month/Day/Year)					X_ Officer (give title Other (specify below) below)			
	Y 202/206, GA		03/14/20	019				· · · · · · · · · · · · · · · · · · ·	Financial Offic	er		
CAPITAL, I	BEDMINSTE	R ONE,										
	(Street)			ndment, Da	-			6. Individual or Jo	oint/Group Filin	ng(Check		
			Filed(Mon	th/Day/Year	)			Applicable Line) _X_ Form filed by One Reporting Person				
BEDMINST	ER, NJ 07921								Aore than One Re			
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	ecurit	ies Acc	quired, Disposed of	f, or Beneficial	lly Owned		
1.Title of	2. Transaction I			3.				5. Amount of	6. Ownership			
Security	(Month/Day/Ye		on Date, if	Transacti Code	on(A) or Di	sposed	of	Securities	Form: Direct (D) or	Indirect Beneficial		
(Instr. 3)		any (Month/	/Day/Year)	(Instr. 8)				· · ·	Indirect (I)	Ownership		
			•					Following	(Instr. 4)	(Instr. 4)		
						(A)		Reported Transaction(s)				
				Code V	Amount	or	Driac	(Instr. 3 and 4)				
Common				Code V		(D)	Price					
Stock $(1)$	03/14/2019			А	22,935	А	\$0	119,179	D			

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.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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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. Transactic Code (Instr. 8)	5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Secur (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

# **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships						
	Director	10% Owner	Officer	Other			
Rose Nigel 135 US HWY 202/206 GAIN CAPITAL, BEDMINSTER ONE, BEDMINSTER, NJ 07921			Chief Financial Officer				

## Signatures

Nigel Rose 03/	/18/2019
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<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).

Compensatory grant of restricted stock units ("RSUs"), which vests in three equal annual installments commencing on the first anniversary of the date of grant. The reporting person also received a compensatory grant of performance-based RSUs whose vesting is dependent on the issuer's operating performance. The performance-based RSU grant shall be reported separately once the number of shares to be issued has been finally determined.

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.