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

Rose Nigel

Form 4	Q										
June 01, 201 FORN Check th if no long subject to Section 1 Form 5 obligatio may com <i>See</i> Instr 1(b).	<b>1 4</b> UNITED uis box ger o 16. or Filed pu Section 17	MENT O	Wa F CHAN Section 1 Public U	shington, IGES IN SECUR 6(a) of th	, D.C. 20 BENEF RITIES le Securi ding Cor	)549 ICIA ties E npan	LOWN Exchange y Act of	OMMISSION NERSHIP OF Act of 1934, 1935 or Section 0	OMB Number: Expires: Estimated a burden hour response	-	
(Print or Type ]	Responses)										
1. Name and Address of Reporting Person <u>*</u> Rose Nigel			2. Issuer Name <b>and</b> Ticker or Trading Symbol GAIN Capital Holdings, Inc. [GCAP]				0	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) (First) (Middle) 135 US HWY 202/206, GAIN CAPITAL, BEDMINSTER ONE,			3. Date of Earliest Transaction (Month/Day/Year) 05/30/2018					Director 10% Owner X Officer (give title Other (specify below) below) Chief Financial Officer			
:			Filed(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting			
	TER, NJ 07921	(7.)						Person	,		
(City)	(State)	(Zip)		le I - Non-I			-	iired, Disposed of,	or Beneficiall	•	
1.Title of Security (Instr. 3)		2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date, if any (Month/Day/Year)		3. 4. Securities Acquired Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A) or Code V Amount (D) Price \$			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common Stock (1)	05/30/2018			S	2,170	D	8.2264 (2)	96,244	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

01/2018
)

<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).

The shares were sold to satisfy tax withholding obligations relating to the vesting of previously reported restricted stock units. The sales(1) were made pursuant to a sales plan that complies with the requirements of Rule 10b5-1 under the Securities Exchange Act of 1934, as amended.

The price reported in column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$8.17 to \$8.29, inclusive. The reporting person undertakes to provide to GAIN Capital Holdings, Inc., any security holder of GAIN Capital

(2) Holdings, Inc. or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth in this footnote.

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.