

GREIFELD ROBERT
Form 3
July 31, 2017

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

OMB APPROVAL

OMB Number: 3235-0104
Expires: January 31, 2005
Estimated average burden hours per response... 0.5

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)

1. Name and Address of Reporting Person *		2. Date of Event Requiring Statement	3. Issuer Name and Ticker or Trading Symbol	
Â North Island Ventures, LLC		(Month/Day/Year)	Virtu Financial, Inc. [VIRT]	
(Last)	(First)	(Middle)	07/20/2017	
51 WEST 52ND STREET, 30TH FLOOR			4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)
(Street)			(Check all applicable)	
NEW YORK, NY 10019			<input type="checkbox"/> Director	<input checked="" type="checkbox"/> 10% Owner
(City)	(State)	(Zip)	<input type="checkbox"/> Officer	<input type="checkbox"/> Other
			(give title below)	(specify below)
			6. Individual or Joint/Group Filing(Check Applicable Line)	
			<input type="checkbox"/> Form filed by One Reporting Person	
			<input checked="" type="checkbox"/> Form filed by More than One Reporting Person	

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)
Class A common stock, par value \$0.00001 per share	39,725,979	I	See Footnotes <u>(1)</u> <u>(2)</u> <u>(3)</u> <u>(4)</u> <u>(5)</u>

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	5. Ownership Form of Derivative Security:	6. Nature of Indirect Beneficial Ownership (Instr. 5)
---	---	--	---	---	--

Edgar Filing: GREIFELD ROBERT - Form 3

Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Security	Direct (D) or Indirect (I) (Instr. 5)
------------------	-----------------	-------	----------------------------	----------	---------------------------------------

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
North Island Ventures, LLC 51 WEST 52ND STREET, 30TH FLOOR NEW YORK, NY 10019	^	^ X	^	^
North Island Holdings I, LP 51 WEST 52ND STREET, 30TH FLOOR NEW YORK, NY 10019	^	^ X	^	^
North Island Holdings I GP, LP 51 WEST 52ND STREET, 30TH FLOOR NEW YORK, NY 10019	^	^ X	^	^
North Island L.L.C. 51 WEST 52ND STREET, 30TH FLOOR NEW YORK, NY 10019	^	^ X	^	^
West Meadow Group LLC 51 WEST 52ND STREET, 30TH FLOOR NEW YORK, NY 10019	^	^ X	^	^
HUTCHINS GLENN H 51 WEST 52ND STREET, 30TH FLOOR NEW YORK, NY 10019	^ X	^ X	^	^
GREIFELD ROBERT 51 WEST 52ND STREET, 30TH FLOOR NEW YORK, NY 10019	^ X	^ X	^	^

Signatures

NORTH ISLAND HOLDINGS I, LP By: North Island Holdings I GP, LP, its general partner By: North Island Ventures, LLC, its general partner By: Name: Glenn H. Hutchins Title: Chief Executive Officer	07/31/2017
__Signature of Reporting Person	Date
NORTH ISLAND HOLDINGS I GP, LP By: North Island Ventures, LLC, its general partner By: Name: Glenn H. Hutchins Title: Chief Executive Officer	07/31/2017
__Signature of Reporting Person	Date
NORTH ISLAND VENTURES, LLC By: Name: Glenn H. Hutchins Title: Chief Executive Officer	07/31/2017
__Signature of Reporting Person	Date
NORTH ISLAND L.L.C. By: Name: Glenn H. Hutchins Title: Investment Manager	07/31/2017
__Signature of Reporting Person	Date

Edgar Filing: GREIFELD ROBERT - Form 3

WEST MEADOW GROUP LLC By: Name: Robert Greifeld Title: Administrative Manager	07/31/2017
__Signature of Reporting Person	Date
GLENN H. HUTCHINS	07/31/2017
**Signature of Reporting Person	Date
ROBERT GREIFELD	07/31/2017
**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) These shares are owned directly by North Island Holdings I, LP.
The sole general partner of North Island Holdings I, LP is North Island Holdings I GP, LP. The sole general partner of North Island Holdings I GP, LP is North Island Ventures, LLC. Messrs. Hutchins and Greifeld, directly and/or indirectly through North Island L.L.C. and West Meadow Group LLC, respectively, each control 50% of the membership interests in North Island Ventures, LLC. Each of North
- (2) Island Holdings I GP, LP, North Island Ventures, LLC, North Island L.L.C., and West Meadow Group LLC and Messrs. Hutchins and Greifeld may be deemed to beneficially own the shares beneficially owned by North Island Holdings I, LP, but each (other than the North Island Holdings I, LP to the extent of its direct holdings) disclaims beneficial ownership of such shares, except to the extent of such Reporting Person's pecuniary interest therein.
- (3) The filing of this statement shall not be deemed to be an admission that, for purposes of Section 16 of the Securities Exchange Act of 1934 or otherwise, the Reporting Persons are the beneficial owners of any securities reported herein.
- (4) Upon the acquisition of these shares by North Island Holdings I, LP, Messrs. Hutchins and Greifeld became Directors of the Issuer.
- (5) Information with respect to each of the Reporting Persons is given solely by such Reporting Person, and no Reporting Person has responsibility for the accuracy or completeness of information supplied by another Reporting Person.

Â

Remarks:

Exhibit List: Exhibit 24 - Powers of Attorney.

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.