FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL							
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* Schatten Rachel			2. Date of Event Requiring Statement (Month/Day/Year)  11/06/2013  3. Issuer Name and Ticker or Trading Symbol StoneCastle Financial Corp. [ BANX ]									
(Last) (First) (Middle) 152 WEST 57TH STREET, 35TH FLOOR				Relationship of Reporting Person(s) to Issuer (Check all applicable)     Director 10% Owner				5. If Amendment, Date of Original Filed (Month/Day/Year)				
					X Officer (give title below)		Other (spe		6. Individual or Joint/Group Filing (Check Applicable Line)			
(Street)						See Remark	is		X Form filed by One Reporting Person			
NEW YORK NY 10019										Form filed by Reporting Po	oy More than One Person	
(City)	(State)	(Zip)										
Table I - Non-Derivative Securities Beneficially Owned												
1. Title of Security (Instr. 4)						int of Securities ially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Nature of Indirect Beneficial Ownership (Instr. 5)			
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 Secur Underlying Derivative Securi			4. Conversion or Exercise Price of		5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
		Date Exercisable	Expiration Date	n Title	,	Amount or Number of Shares	Derivative Security		Direct (D) or Indirect (I) (Instr. 5)			

**Explanation of Responses:** 

## Remarks:

General Counsel, Chief Compliance Officer and Secretary

No securities are beneficially owned.

/s/ Rachel Schatten 11/06/2013

\*\* Signature of Reporting Person Dat

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

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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 Number.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).