FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number:	3235-0287							

0.5

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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

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1. Name and Address of Reporting Person* KASBAR MICHAEL J					2. Issuer Name and Ticker or Trading Symbol WORLD FUEL SERVICES CORP [INT]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
KASBA	AR MICE	IAEL J			1	<u> </u>		<u></u>	ULIT		20 001				X Director 10% Owner				Owner	
(Last)	3. D	Date of Earliest Transaction (Month/Day/Year)										Officer (give title below)		Other (specify below)						
(Last) (First) (Middle) C/O WORLD FUEL SERVICES CORPORATION						03/15/2009											President and C			
9800 N.W. 41ST STREET, SUITE 400																				
9000 IN. V	V. 4151 51.	REE1, SUITE 4	UU																	
					4. 11	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) MIAMI FL 33178																Forn	Form filed by One Reporting Person			
	FL														Form filed by More than One Reporting Person					
(City)	(St	ate) (Zip)													1 613011				
		Tabl	e I - N	on-Deriva	ative	Seci	uritie	s Ac	quired	l, Di	sposed	of,	or B	enefi	cially	Own	ed			
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day)			Execu //Year) if any		Deemed ecution Date, ny onth/Day/Year)		3. Transa Code (I 8)		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4				Secur Benef Owne	icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership				
							Code	v	Amount		(A) or (D)	Pric	e		rted action(s) 3 and 4)		(Instr. 4)			
Common	nmon Stock 03/15/20				009	009			A		64,935(1)		Α	5	\$0 ⁽²⁾		24,528	D		
Common	Stock			03/15/2	.009				F		23,668	(3)	D	\$2	7.72 ⁽⁴⁾ 700,860 D					
		Та	ble II	Derivati (e.g., pu												wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	on Date,	4. Transa Code (l 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Expirat (Month	ion Da		1 S	7. Title a Amount Securiti Underly Derivati Security and 4)	of es ing ve / (Instr.	Dei Sec (Ins	Price of rivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
	I	ı	I		- 1		1		I		I	- 1	- 1	Amour	t I		I			

Date

Exercisable

Expiration

Explanation of Responses:

- 1. These shares were issued as a common stock grant to the reporting person under the issuer's 2006 Omnibus Plan.
- 2. These shares of common stock were granted to the reporting person, without payment therefor, as a special bonus award.
- $3. \ The issuer withheld a sufficient number of shares of common stock to cover the reporting person's tax liability.\\$
- 4. The number shown is the average of the high and low prices for the issuer's common stock on the NYSE on March 13, 2009, the most recent trading day prior to the grant date.

(A) (D)

/s/ Michael J. Kasbar

Number

of Shares

Title

03/17/2009

Date

** Signature of Reporting Person

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

- * 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).

Code

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.