See separat	te instructions.
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P	art I Reporting I	lssuer			
1	1 Issuer's name		2 Issuer's employer identification number (EIN)		
<u>Sto</u>	Stone Ridge Emerging Markets Variance Risk Premium Fund			46-3128857	
3	Name of contact for add	ditional information	4 Telephone	e No. of contact	5 Email address of contact
Pat	rick Kelly			855-609-3680	info@stoneridgeam.com
6 Number and street (or P.O. box if mail is not delivered to street address) of		treet address) of contact	7 City, town, or post office, state, and Zip code of contact		
510) Madison Ave, 21st Flo	or			New York, NY 10022
8 Date of action 9 Class		9 Class	ification and description		
10/	31/2015		Nontaxal	ble return of capital distribut	ion
10	CUSIP number	11 Serial number(s)	12 Ticker symbol	13 Account number(s)
	861728830	N/A		VRMIX	N/A
Pa	art II Organizatio	onal Action Attac	h additional	statements if needed. See	back of form for additional questions.
14	Describe the organiza	tional action and, if a	pplicable, the	date of the action or the date	against which shareholders' ownership is measured for
	the action ► Stone F	Ridge Emerging Mar	kets Variance	e Risk Premium Fund paid a	nontaxable return of capital distribution on the dates
list					ntaxable return of capital distribution paid to
sha	reholders of record on	dates listed below	is 100% of th	e total amount of dividend.	· · ·
Red	cord Date: 1/6/15 Ex-Da	te: 1/7/15			

15 Describe the quantitative effect of the organizational action on the basis of the security in the hands of a U.S. taxpayer as an adjustment per share or as a percentage of old basis ► The total nontaxable return of capital portion of the dividend paid to shareholders of record on

the dates listed below is .04716000 per share. Record Date: 1/6/15 Ex-Date: 1/7/15 0.0471600 per share

Form 8937	' (Rev.	12-2011)	
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Part II

17 L	_ist the	applicable Internal Revenue Code	section(s) and subsection(s) upon whic	h the tax treatment is based $lacksquare$	► IRC §301, §316
			No loss can be recognized by the sh	areholders of record for the	nontaxable return of
capita	l distrik	oution received.			
			implement the adjustment, such as th	e reportable tax year ► The in	nformation provided above will
be refl	lected o	on the shareholder's 2015 1099-D	IV statement, box 3.		
	Unde	r penalties of perjury, I declare that I ha	we examined this return, including accompa	nying schedules and statements,	and to the best of my knowledge and
			ration of preparer (other than officer) is based		
Sign					
Here	Signa	ture A signed copy is n	naintained by the issuer	Date 🕨	
		your name	Preparer's signature	Title ►	DTIN
Paid Prep		Print/Type preparer's name	Freparer s signature	Date	Check if self-employed
	Only	Firm's name			Firm's EIN ►
	-	Firm's address ►			Phone no.

See separat	te instructions.
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P	art I Reporting I	Issuer				
1	1 Issuer's name				2 Issuer's employer identification number (EIN)	
Sto	Stone Ridge Emerging Markets Variance Risk Premium Fund					46-3128857
3 Name of contact for additional information 4 Tele		4 Telephone	Telephone No. of contact		5 Email address of contact	
Pat	rick Kelly			855-609-3680	i	info@stoneridgeam.com
6	Number and street (or F	P.O. box if mail is not	delivered to s	treet address) of contact		7 City, town, or post office, state, and Zip code of contact
510) Madison Ave., 21st Flo	oor			I	New York, NY 10022
8 Date of action 9 Classification and description						
10/	31/2015		Nontaxat	ole return of capital distr	ibution	
10	CUSIP number	11 Serial number(s)	12 Ticker symbol	•	13 Account number(s)
	861728780	N/A		VRMMX		N/A
P	art II Organizatio	onal Action Attac	h additional	statements if needed.	See back	of form for additional questions.
14	Describe the organiza	tional action and, if a	pplicable, the	date of the action or the o	date again	st which shareholders' ownership is measured for
	the action ► Stone F	Ridge Emerging Mar	kets Variance	e Risk Premium Fund pa	id a nonta	axable return of capital distribution on the dates
list						ble return of capital distribution paid to
sha	areholders of record on	dates listed below	is 100% of the	e total amount of divider	nd.	
Re	cord Date: 1/6/15 Ex-Da	te: 1/7/15				

15 Describe the quantitative effect of the organizational action on the basis of the security in the hands of a U.S. taxpayer as an adjustment per share or as a percentage of old basis ► The total nontaxable return of capital portion of the dividend paid to shareholders of record on

the dates listed below is .04716000 per share. Record Date: 1/6/15 Ex-Date: 1/7/15 0.0471600 per share

Form 8937	' (Rev.	12-2011)	
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Part II

17	List the	e applicable	Internal Revenue Code sectior	(s) and subsection(s) upon which the	tax treatment is based >	IRC §301, §316
18	Can ar	ny resulting l	oss be recognized? ► <u>No los</u>	s can be recognized by the shareh	olders of record for the	nontaxable return of
capita	al distr	ibution rece	eived.			
				ment the adjustment, such as the rep	ortable tax year ► The in	formation provided above will
be ref	lected	on the sha	reholder's 2015 1099-DIV stat	ement, box 3.		
				nined this return, including accompanying		
		ef, it is true, co	prrect, and complete. Declaration or	preparer (other than officer) is based on a	all information of which prepa	irer has any knowledge.
Sign			A signed convis maint	ained by the issuer		
Here	Sigr	nature 🕨	A signed copy is maint	anied by the issuer	Date ►	
	_					
		t your name ► Print/Type	preparer's name	Preparer's signature	Title ► Date	
Paic			propuler o hame		Buio	Check if self-employed
	oarer Oph		ne 🕨	I	I	Firm's EIN ►
use	Only	Firm's add				Phone no.

See separate instructions.		See	separate	instructions.
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Part I Reporting Issuer			
1 Issuer's name			2 Issuer's employer identification number (EIN)
Stone Ridge International Variance Ri	isk Premiun	n Master Fund	46-3095039
		Telephone No. of contact	5 Email address of contact
		//	
Patrick Kelly 855-609-3680			info@stoneridgeam.com
6 Number and street (or P.O. box if mail is not delivered to street address) of contact			7 City, town, or post office, state, and Zip code of contact
510 Madison Ave., 21st Floor			New York, NY 10022
			New FOIK, NT 10022
8 Date of action		9 Classification and description	
10/31/2015		Nontaxable return of capital distribution	1
10 CUSIP number 11 Serial	number(s)	12 Ticker symbol	13 Account number(s)
0/4700044			
861728814	N/A	VRIIX	N/A
		additional statements if needed. See ba	
14 Describe the organizational action	n and, if appl	icable, the date of the action or the date ag	ainst which shareholders' ownership is measured for
the action ► Stone Ridge Intern	national Vari	ance Risk Premium Master Fund paid a r	nontaxable return of capital distribution on the dates
listed below to shareholders of record	d on the dat	es listed below. The percent of the nonta	xable return of capital distribution paid to
shareholders of record on dates listed	d below is 8	9.2162% of the total amount of dividend.	·
Record Date: 1/7/15 Ex-Date: 1/8/15			

15 Describe the quantitative effect of the organizational action on the basis of the security in the hands of a U.S. taxpayer as an adjustment per share or as a percentage of old basis
The total nontaxable return of capital portion of the dividend paid to shareholders of record on

the dates listed below is .040302762 pe	er share.		
Record Date: 1/7/15 Ex-Date: 1/8/15	040302762 per share		

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Part II

17 L	ist the	applicable Internal Revenue Code	e section(s) and subsection(s) up	oon which the tax tre	eatment is based ►	IRC §301, §316	
		resulting loss be recognized?	No loss	can be recognized b	y the shareholders	of record for the	nontaxable return of	
10 0	wavida	any other information necessary t	a implan	ant the adjustment of	ich oc the reportable		formation manifold above will	
		on the shareholder's 2015 1099-I						
0010110			Div State					
		r penalties of perjury, I declare that I h it is true, correct, and complete. Decla					and to the best of my knowledge and rer has any knowledge.	
Sign Horo		A signed convi	e main	tained by the icor	ler			
Here	Signa	ture A signed copy is	5 1114111	tained by the issu		Date ►		
	Drint	your name ►				Title 🕨		
Doid	1 mini	Print/Type preparer's name		Preparer's signature		Date	Check if PTIN	
Paid Prepa	arer						Check if if self-employed	
Use (Firm's name					Firm's EIN ►	
		Firm's address 🕨					Phone no.	

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See separate instructions.

Part I Reporting Issuer

1	Issuer's name				2 Issuer's employer identification number (EIN)			
Stone Ridge International Variance Risk Premium Master Fund						46-3095039		
	Name of contact for add		4 Telephone No. of contact			5 Email address of contact		
Pat	rick Kelly		855-609-3680			info@stoneridgeam.com		
6	Number and street (or P	P.O. box if mail is not	delivered to s	elivered to street address) of contact		7 City, town, or post office, state, and Zip code of contact		
510 Madison Ave., 21st Floor						New York, NY 10022		
8 Date of action			9 Class	9 Classification and description				
10/31/2015			Nontaxal	Nontaxable return of capital distribution				
10	CUSIP number	11 Serial number(s	5)	12 Ticker symbol		13 Account number(s)		
	861728764	N/A		VRIMX		N/A		
Part II Organizational Action Attach additional statements if needed. See bac					See bacl	k of form for additional questions.		
14	4 Describe the organizational action and, if applicable, the date of the action or the date against which shareholders' ownership is measured for							
	the action ► Stone R	Ridge International \	/ariance Risk	Premium Master Fund	baid a no	ntaxable return of capital distribution on the dates		
list	listed below to shareholders of record on the dates listed below. The percent of the nontaxable return of capital distribution paid to							
sha	areholders of record on	dates listed below	s 89.2162% c	of the total amount of div	vidend.	· · ·		
Re	cord Date: 1/7/15 Ex-Dat	te: 1/8/15						

15 Describe the quantitative effect of the organizational action on the basis of the security in the hands of a U.S. taxpayer as an adjustment per share or as a percentage of old basis ► The total nontaxable return of capital portion of the dividend paid to shareholders of record on

the dates listed below is 0.038011458 per share. Record Date: 1/7/15 Ex-Date: 1/8/15 0.038011458 per share

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Part II

17	List the	applicable Internal Revenue Code section	(s) and subsection(s) upon which the tax tre	eatment is based ►	IRC §301, §316	
		y resulting loss be recognized? <u>No loss</u> bution received.	s can be recognized by the shareholders	of record for the	nontaxable return of	
		any other information necessary to implen on the shareholder's 2015 1099-DIV state	nent the adjustment, such as the reportable ement, box 3.	e tax year ► <u>The ir</u>	formation provided above will	
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowled belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.						
Sign Here		A signed copy is ma	intained by the issuer	Date ►		
	Print	your name ►		Title ►		
Paic	1	Print/Type preparer's name	Preparer's signature	Date	Check if PTIN self-employed	
	Darer	Firm's name	1	1	Firm's EIN ►	
058	Only	Firm's address ►	Phone no.			