COMMODITY FUTURES TRADING COMMISSION

FORM SEF

SWAP EXECUTION FACILITY APPLICATION OR AMENDMENT TO APPLICATION FOR REGISTRATION

COVER SHEET

MarketAxess SEF Corporation Exact name of Applicant as specified in charter

MarketAxess SEF Corporation 299 Park Avenue, 10th Floor New York, NY 10171 Address of principal executive offices

- ☑ If this is an APPLICATION for registration, complete in full and check here.
- □ If this is an AMENDMENT to an application, or to an existing order of registration, list all items that are amended and check here.

GENERAL INFORMATION

1. Name under which the business of the swap execution facility is or will be conducted, if different than name specified above (include acronyms, if any):

N/A

N/A

2. If name of swap execution facility is being amended, state previous swap execution facility name:

_

3. Contact information, including mailing address if different than address specified above:

299 Park Avenue, 10 th Floor			
Number and Street			
New York	NY	USA	10171
City	State	Country	Zip Code
(212) 813-6000		(212) 813-6390	
Main Phone Number		Fax	
http://www.marketaxess.com	/	RSteinfeld@marketaxess.com	n
http://portal.marketaxess.com	n/ (SEF Portal)		
Website URL		Email Address	

4. List of principal office(s) and address(es) where swap execution facility activities are/will be conducted:

Office	Address
MarketAxess SEF Corporation	299 Park Avenue
	New York, NY 10171

- 5. If the Applicant is a successor to a previously registered swap execution facility, please complete the following: N/A
 - a. Date of succession
 - b. Full name and address of predecessor registrant

Name			
Number and Street			
City	State	Country	Zip Code

BUSINESS ORGANIZATION

6.	Applicant is a:					
\checkmark	Corporation					
	Partnership					
	Limited Liability Company					
	Other form of organization (specify))				
7.	Date of incorporation or formation:	June 6, 2013				
8.	State of incorporation or jurisdiction	of organization: Delaware				
9.	The Applicant agrees and conser	nts that the notice of any proceed	ling before the			
	Commission in connection with this application may be given by sending such notice by certified mail to the person named below at the address given. Ron Steinfeld, Chief Compliance Officer Print Name and Title					
	MarketAxess SEF Corporation					
	Name of Applicant					
	299 Park Avenue, 10th Floor					
	Number and Street					
	New York	NY	10171			
	City	State	Zip Code			

SIGNATURES

10. The Applicant has duly caused this application or amendment to be signed on its behalf by the undersigned, hereunto duly authorized, this 12th day of July, 2013. The Applicant and the undersigned represent hereby that all information contained herein is true, current, and complete. It is understood that all required items and Exhibits are considered integral parts of this Form SEF and that the submission of any amendment represents that all unamended items and Exhibits remain true, current, and complete as previously filed.

MarketAxess SEF Corporation

Name of Applicant

Signature of Duly Authorized Person

Ron Steinfeld, Chief Compliance Officer

Print Name and Title of Signatory