## Edgar Filing: CME GROUP INC. - Form 4

Form 4	P INC.											
June 27, 2013	3											
FORM	4										PPROVAL	
		SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							3235-0287 January 31,			
Check this if no long	or											
subject to Section 10 Form 4 or	F CHANGES IN BENEFICIAL OWNERSHIP O SECURITIES							Estimated average burden hours per response C				
Form 5 obligation may conti <i>See</i> Instru 1(b).	Is Section 1	7(a) of the		ility H	oldi	ing Com	pany	Act o	ge Act of 1934, f 1935 or Sectio 40	n		
(Print or Type R	lesponses)											
1. Name and Address of Reporting Person <u>*</u> POLLOCK ALEX J			2. Issuer Name <b>and</b> Ticker or Trading Symbol CME GROUP INC. [CME]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last)	(First)	(Middle)	3. Date of	Earliest	t Tra	nsaction			(Cheo	ck an applicable	e)	
20 S. WACKER DRIVE								X_ Director Officer (give below)	give title 10% Owner Other (specify below)			
				. If Amendment, Date Original iled(Month/Day/Year)					<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>			
CHICAGO,	IL 60606								Person		eporting	
(City)	(State)	(Zip)	Table	e I - Noi	n-De	erivative S	ecurit	ties Aco	quired, Disposed o	f, or Beneficia	lly Owned	
1.Title of Security2. Transaction Date (Month/Day/Year)2A. Deem Execution any (Month/D		n Date, if TransactionAcquired (A) or Code Disposed of (D)					))	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 2 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
-				Code	V	Amount	(D)	Price	(Instr. 3 and 4)			
Common Stock Class A	03/11/2013			G <u>(1)</u>	V	2,000	D	\$0	10,170	D		
Common Stock Class A	03/11/2013			G	V	2,000	А	\$ 0	2,000	Ι	by Spouse	

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

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.

## Edgar Filing: CME GROUP INC. - Form 4

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Unde Secur	le and int of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships							
1 8	Director	10% Owner	Officer	Other				
POLLOCK ALEX J 20 S. WACKER DRIVE CHICAGO, IL 60606	Х							
Signatures								
By: Margaret Austin Wright For Pollock		06/27/2013						
**Signature of Reporting Per	son		Dat	e				

## **Explanation of Responses:**

\* 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).

This transaction involved a gift of securities by the reporting person to his spouse, who shares reporting person's household. The reporting
 (1) person disclaims beneficial ownership of the shares held by his spouse, and this report should not be deemed as an admission that the reporting person is the beneficial owner of his spouse's shares for purposes of Section 16 or for any other purpose.

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.