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CME CDOUD INC

Form 4	r inc.										
September 1'	7, 2015										
FORM				OMMISSION	OMB AF OMB	PROVAL 3235-0287					
Check thi	is box		Was	shington,	D.C. 20	549			Number:	January 31	
if no long subject to Section 1 Form 4 or Form 5	ger STATE 6. r	FEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES								2005 2005 Iverage rs per 0.5	
obligation may contr <i>See</i> Instru 1(b).	ns Section 17	7(a) of the	Public Ut		ling Con	npany	y Act of	e Act of 1934, 1935 or Section 0	1		
(Print or Type F	Responses)										
			2. Issuer Name and Ticker or Trading Symbol CME GROUP INC. [CME]					5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First)	(Middle)	3. Date of Earliest Transaction					(Check	k all applicable	2)	
			(Month/D 09/15/20	ay/Year)				Director10% Owner XOfficer (give titleOther (specify below) below) Sr MD Gen Counsel & Corp Secr			
Filed(Mor				endment, Date Original nth/Day/Year)				 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 			
CHICAGO,	IL 60606							Person		1 0	
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Da (Month/Day/Year	r) Executio any	med n Date, if Day/Year)	3. Transactio Code (Instr. 8) Code V	(Instr. 3,	spose	d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
	09/15/2015			A		(D) A	\$ 0	20,526	D		
A Common Stock Class A	09/16/2015			F	290 <u>(1)</u>	D	\$ 95.37	20,236	D		

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

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 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. Transactic Code (Instr. 8)	5. orNumber 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 Secu Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	ddress							
	Director 10% Owner		Officer	Other				
CRONIN KATHLEEN M 20 S. WACKER DRIVE CHICAGO, IL 60606			Sr MD Gen Counsel & Corp Secr					
Signatures								
By: Margaret Austin Wright For Cronin	r: Kathle	en M.	09/17/2015					
**Signature of Reporting Po	erson		Date					
Explanation of Res	spon	ses:						

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).
- (1) $\frac{Ms}{9/16/2015}$.

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.