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

Form 4											
June 29, 2015 FORM Check this if no longe subject to Section 16	Washington, D.C. 20549								OMB Number: Expires: Estimated a	Number: 3235-0287	
Form 4 or Form 5 obligations may contin <i>See</i> Instruct 1(b).	Section 17(a)	Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940								0.5	
(Print or Type Re	esponses)										
1. Name and Address of Reporting Person *2. IssuerMELAMED LEOSymbol			r Name <b>and</b> Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer				
		(	ROUP INC. [CME]				(Check all applicable)				
(Last)(First)(Middle)3. Date of a (Month/Da20 SOUTH WACKER DRIVE06/25/20				)15 –				X_ Director 10% Owner Officer (give title Other (specify below) below)			
			ndment, Date Original th/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
CHICAGO, IL 60606				Form filed by M Person				Iore than One Reporting			
(City)	(State) (A	Zip)	Table	I - Non-De	erivative S	Securi	ties Aco	quired, Disposed o	f, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deem Execution any (Month/D	n Date, if	3. Transactic Code (Instr. 8)	Disposed (Instr. 3,	l (A) o l of (D 4 and (A) or	)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock Class A	06/25/2015			Code V $A^{(1)}$	1,064			15,953	D		

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.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned
 (e.g., puts, calls, warrants, options, convertible securities)

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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. Transact Code (Instr. 8)	5. ionNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	;	Date	Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
				Code V	7 (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
MELAMED LEO 20 SOUTH WACKER DRIVE CHICAGO, IL 60606	Х						
Signatures							
By: Margaret Austin Wright for Melamed	Leo	0	06/29/2015				
**Signature of Reporting Person			Date				

## **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) Granted pursuant to the CME Group Director Stock Plan, as amended and restated.

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.