

# CME GROUP INC. Reported by HOLZRICHTER JULIE

# FORM 4

(Statement of Changes in Beneficial Ownership)

# Filed 11/08/18 for the Period Ending 11/06/18

Address 20 S. WACKER DR

CHICAGO, IL, 60606

- Telephone 3129301000
  - CIK 0001156375
  - Symbol CME
- SIC Code 6200 Security and Commodity Brokers, Dealers, Exchanges and Services

Industry Financial & Commodity Market Operators

- Sector Financials
- Fiscal Year 12/31

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FORM 4
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[] Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person <sup>*</sup>	2. Issuer Name and Ticker or Trading Symbol	5. Relationship of Reporting Person(s) to Issuer				
		(Check all applicable)				
Holzrichter Julie	CME GROUP INC. [ CME ]					
(Last) (First) (Middle)	3. Date of Earliest Transaction (MM/DD/YYYY)	Director10% Owner				
(Eust) (First) (Middle)		X Officer (give title below) Other (specify below)				
20 S. WACKER DRIVE	11/6/2018	Sr MD Chief Operating Officer				
(Street)	4. If Amendment, Date Original Filed (MM/DD/YYYY)	6. Individual or Joint/Group Filing (Check Applicable Line)				
CHICAGO, IL 60606 (City) (State) (Zip)		X Form filed by One Reporting Person Form filed by More than One Reporting Person				

#### Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)		(Instr. 8)					5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form:	7. Nature of Indirect Beneficial
		Code	v	Amount	(A) or (D)	Price		Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)
Common Stock Class A	11/6/2018	S		3353	D	\$186.71	45627	D	

### Table II - Derivative Securities Beneficially Owned ( e.g. , puts, calls, warrants, options, convertible securities)

1. Title of Derivate	2.	3. Trans.	3A. Deemed	4. Trans.	Code	5. Number	of	6. Date Exer	cisable and	7. Tit	le and Amount of	8. Price of	9. Number of	10.	11. Nature
Security	Conversion	Date	Execution	(Instr. 8)		Derivative Securities		Expiration Date		Securities Underlying		Derivative	derivative	Ownership	of Indirect
(Instr. 3)	or Exercise		Date, if any			Acquired (A) or		Derivative Security		Security	Securities	Form of	Beneficial		
	Price of					Disposed of (D) (Instr. 3, 4 and 5)		(Instr. 3 and 4)		. 3 and 4)	(Instr. 5)	Beneficially	Derivative	Ownership	
	Derivative												Owned	Security:	(Instr. 4)
	Security												Following	Direct (D)	
								Date	Expiration		Amount or Number of		Reported	or Indirect	
								Exercisable	Date	Title	Amount or Number of Shares		Transaction(s)	(I) (Instr.	
				Code	V	(A)	(D)						(Instr. 4)	4)	

#### **Explanation of Responses:**

#### **Reporting Owners**

Penarting Owner Name / Address	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Holzrichter Julie								
20 S. WACKER DRIVE			Sr MD Chief Operating Officer					
CHICAGO, IL 60606								

#### Signatures

By: Margaret Austin Wright For: Julie Holzrichter

\*\* Signature of Reporting Person

11/7/2018 Date

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

\* 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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.