FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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| | | |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

OMB APPROVAL

OMB Number: Estimated average burden hours per response: 0.5

| Filed pursuant to | Section 16(a) | of the Securities | Exchange | Act of 1 | 93 |
|-------------------|-----------------|-------------------|--------------|----------|----|
| or Section | 30(h) of the li | rvestment Comp | any Act of 3 | 1940 | |

| Name and Address of Reporting Person* GEPSMAN MARTIN J | | | | | | 2. Issuer Name and Ticker or Trading Symbol CME GROUP INC. [CME] | | | | | | | | | ck all app | olicable) | g Person(s) to Issuer 10% Owner | |
|--|------|--|-------------------------------|--|-------|---|--|--|--------------------------------|------|---|---------------|-------------------------|--|---|---|--|-----------|
| (Last) 20 S. WA | (Fii | , | Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/07/2019 | | | | | | | | Officer (give title below) | | Othe belo | r (specify w) | |
| (Street) CHICAG | | | 50606 Zip) | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Inc Line) | Forn | or Joint/Group Filing (Check Applicable rm filed by One Reporting Person rm filed by More than One Reporting erson | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| Date | | | 2. Transa Date (Month/D | Execution Execut | | xecution any | Deemed ecution Date, any onth/Day/Year) | | 3. Transaction Code (Instr. 8) | | | | | Secur Benef | icially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | | Price | Trans | action(s) 3 and 4) | | (1131114) |
| Common Stock Class A 0 | | | | 05/07 | /2019 | | | | S | | 2,000 | D \$178. | | \$178.07 | 7 37,799 | | D | |
| | | Та | | | | | | | | | osed of, onvertib | | | | Owned | | | |
| Derivative Conversion Date | | 3. Transaction Date (Month/Day/Year) | Execution Date, (ear) if any | | | sansaction of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | De Se (Ir | Price of erivative ecurity estr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | able | Expiration Date | Title | or Num of Shar | | | | | |

Explanation of Responses:

By: Margaret Austin Wright For: Martin J. Gepsman

05/07/2019

** Signature of Reporting Person

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 Number.