FORM 4

to Section 16. Form 4 or Form 5 obligations may continue. See

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

OMB APP	OMB APPROVAL									
OMB Number: 3235-										
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hours per response	. 0.5									

	tion 1(b).	iue. See		Filed							ies Exchang mpany Act o		of 1934			hours	per re	esponse:	0.5
1. Name and Address of Reporting Person* GEPSMAN MARTIN J					2. Issuer Name and Ticker or Trading Symbol CME GROUP INC. [CME]									ationship k all app Direc	licable)	ng Pe	rson(s) to Is		
(Last) (First) (Middle) 20 S. WACKER DRIVE					3. Date of Earliest Transaction (Month/Day/Year) 06/27/2022									Officer (give title below)		Other (s below)		specify	
(Street) CHICAGO IL 60606 (City) (State) (Zip)														Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
			I - No			1				l, Dis	posed of	-							
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day					//Year) Execu		eemed ution Date, th/Day/Year)				s Acquired (A) of (D) (Instr. 3, 4			Securi Benefi Owned	5. Amount of Securities Beneficially Owned Following		m: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A) o (D)	(A) or (D) Price		Reported Transaction(s) (Instr. 3 and 4)				(111511.4)
Common Stock Class A 06/27/2					2022		A ⁽¹⁾		693	A	\$2	9.44	9.44 24,208			D			
		Tal	ole II -								osed of, convertib				Owne	d			
1. Title of Derivative Security (Instr. 3)	erivative Conversion Date Execution Date, ecurity or Exercise (Month/Day/Year) if any			tion Date,	4. Transaction Code (Instr. 8)		5. Nu of Deriv Secu Acqu (A) or Dispo of (D) (Instr	rities ired r osed) : 3, 4	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Dei Sec (Ins	Price of rivative curity str. 5)	ve derivative Securities	y Ov Fo Dii or (I)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
			Code	v	(A)	(D)	Date Exerci	sable	Expiration Date	Title	Amour or Number of Shares	er							

Explanation of Responses:

1. Granted pursuant to the CME Group Director Stock Plan, as amended and restated.

Remarks:

By: Jenelle Chalmers For: Martin J. Gepsman

06/29/2022

** Signature of Reporting Person Date

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

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.

^{*} 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).