FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Machinatan	D C	20540	
Nashington,	D.C.	20049	

STATEMENT	OF CHAI	NGES IN B	ENEFICIAL (	OWNERSHIP

OMB APPROVAL											
OMB Number: 3235-0											
Estimated average burden											
hours per response	e: 0.5										

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

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

Name and Address of Reporting Person*     Seifu Rahael					2. Issuer Name and Ticker or Trading Symbol  CME GROUP INC. [ CME ]								all app Direc	tor	ng Per	rson(s) to Is	
(Last) 20 S. WA	(Fir	/	∕liddle)			3. Date of Earliest Transaction (Month/Day/Year) 06/27/2022						Office below	er (give title v)		Other ( below)	specify	
(Street) CHICAC			0606 Zip)		4. If #								6. Indiv Line) X				
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day)			Execution Date,		Transaction Disposed Of Code (Instr. 5)		es Acquired (A) o Of (D) (Instr. 3, 4					Form (D) o	wnership n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
							Code	v	Amount	(A) o (D)	r Pric	е	Transa	action(s) 3 and 4)			(111511. 4)
Common Stock Class A 06/2			06/27/2	022	)22 A <sup>(1)</sup> 693 A \$2		09.44	2	,003		D						
	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)	rivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any		4. Transa Code ( 8)		of	ired r osed ) : 3, 4	6. Date Expirat (Month)	tion Da h/Day/Y	Year) Securitie Underly Derivatie Security 3 and 4)  Expiration  A A O N O O O O O O O O O O O O O O O		nt of ities lying ative ity (Ins	Der Sec (Ins	Price of ivative curity str. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	,	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)

## Explanation of Responses:

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

## Remarks:

By: Jenelle Chalmers For: Rahael Seifu

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.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).