FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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OMB APPROVAL									
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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).

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

1. Name and Address of Reporting Person* OLIFF JAMES E						2. Issuer Name and Ticker or Trading Symbol CME GROUP INC. [CME]									Check all	ship of Reporti applicable) rector	ng Pe	erson(s) to Is		
(Last) (First) (Middle) 20 S. WACKER DRIVE				3. Date of Earliest Transaction (Month/Day/Year) 07/27/2007											fficer (give title elow)	Other (sp below)				
(Street) CHICAG (City)			50606 Zip)		4. If	Line) X Form										orm filed by Or	r Joint/Group Filing (Check Applicable n filed by One Reporting Person n filed by More than One Reporting on			
		Tabl	e I - Nor	n-Deriv	ative	Se	curitie	s Ac	quired,	Dis	posed o	f, or	Bene	ficia	ally Ov	ned				
Date				2. Trans Date (Month/		ar) E	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr.						nd See Bei Ow	mount of curities deficially ned Following ported	For (D)	Ownership m: Direct or Indirect (Instr. 4)	7. Nature of Indirect Beneficial Ownership	
						Code	v	Amount	(A	() or ()	Price	Tra	nsaction(s) tr. 3 and 4)			(Instr. 4)				
Common Stock Class A 07/					7/2007	/2007		S		800		D	\$50	65	4,348		D			
Common Stock Class A																300		I	by Children	
		Та	ble II - C								sed of, onvertib				y Own	ed				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Dat if any (Month/Day/Ye	Date,	Code (Inst				6. Date E Expiratio (Month/D	n Date	•	7. Title and Amount of Securities Underlying Derivative Security (Inst and 4)		tr. 3	8. Price Derivativ Security (Instr. 5)		y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	Amo or Num of Shar	ber						

Explanation of Responses:

By: Margaret C. Austin For: James E. Oliff

07/31/2007

** 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.