Instruction 1(b)

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

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

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

5. Relationship of Reporting Person(s) to Issuer

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

2. Issuer Name and Ticker or Trading Symbol

1. Name and Address of Reporting Person* <u>Holzrichter Julie</u>						2. Issuer Name and Ticker or Trading Symbol CME GROUP INC. [CME] 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner														
(Last) 20 S. WA	(Last) (First) (Middle) 20 S. WACKER DRIVE					3. Date of Earliest Transaction (Month/Day/Year) 11/28/2017								X	below)	(give title Chief O	Other (s below) perating Office			
(Street) CHICAC			60606 (Zip)	.	4.1	If Amer	ndmen	t, Date	e of Oriç	ginal Fil	led (Month/Da		6. Indiv Line) X	·						
				Non-Deri	vativ	e Sec	curiti	es A	cauir	ed. D	isposed o	of. or E	Benefic	ially	Owned					
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date,		3. 4. Securitie		4. Securities	s Acquired (A) or f (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
									v	Amount	(A) or (D) Price			Reported Transaction(s) (Instr. 3 and 4)				nstr. 4)		
Common	Stock Clas	s A	11/28/201			7		М		4,580	A	\$54.37		45,563			D			
Common	mmon Stock Class A			11/28/2017		'		S		4,580	D	\$144.0	144.0839(1)		0,983		D			
Common	Stock Clas	ck Class A			11/28/2017				M		8,340	A	\$54	\$54.3		19,323		D		
Common	ommon Stock Class A 1			11/28/2)17			S		8,340	D	\$144.0839(1)		40,983			D			
		-	Table								sposed of , converti				wned					
1. Title of Derivative Security (Instr. 3)	Derivative Conversion Date Security or Exercise (Month/Day		Execu			ransaction Code (Instr.)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		e Exerc ation Da h/Day/Y		7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4)		D S (I	Price of erivative ecurity 1str. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exerc	isable	Expiration Date	Title	Amo or Num of Shai	ber						
Non- Qualified Stock Option (right to buy)	\$54.3	11/28/2017			M			8,340	09/15/	′2014 ⁽²⁾	09/15/2020	Commo Stock Class	8,3	40	\$0.0	0		D		
Non- Qualified												Comm	on							

Explanation of Responses:

\$54.37

Stock

buy)

Option (right to

1. On November 28, 2017, Ms. Holzrichter sold an aggregate of 12,920 shares of CME Group Class A common stock. For reporting purposes, the sales prices within a \$1 range have been aggregated and the weighted average sales price has been reported. The price ranges were: \$144.00 to \$144.23. The Company maintains a record of the transactions and copies will be provided upon request.

09/15/2015(3)

- 2. As of 9/15/2014, this option vested with respect to 100% of the granted number of shares covered by the option.
- 3. As of 9/15/2015, this option vested with respect to 100% of the granted number of shares covered by the option.

By: Margaret Austin Wright For: Julie Holzrichter

4,580

\$0.0

11/29/2017

D

** Signature of Reporting Person

Common

Stock

Class A

09/15/2021

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).

11/28/2017

** 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.