FORM 4

obligations may continue. See Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

or Section 30(h) of the Investment Company Act of 1940

| OMB APPROVAL             |           |  |  |  |  |  |  |  |
|--------------------------|-----------|--|--|--|--|--|--|--|
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| Estimated average burden |           |  |  |  |  |  |  |  |

0.5

hours per response:

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

| 1. Name and Address of Reporting Person* <u>Harley Jill A</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)<br>20 S. WA  | (Fi | ,    | Middle)         |   | 3. Date of Earliest Transaction (Month/Day/Year) 12/12/2014 |                              |   |        |                  |   |   | X Officer (give title below) Other (specify below)  MD&CAO        |  |            |  |  |
| (Street) CHICAC   |     |      | 50606<br>Zip)   |   | 4. If Amendment, Date of Original Filed (Month/Day/Year)    |                              |   |        |                  |   | 6. Individual or Joint/Group Filing (Check Applicable ine)  X Form filed by One Reporting Person Form filed by More than One Reporting Person |   |  |            |  |  |
|   |     | Tabl | e I - Non       | -Deriv  | ative S   | ecurities Ac                 | quired  | , Dis  | posed o          | of, c   | or Ben  | efici   | ally Own   | ed         |  |  |
| 1. Title of Security (Instr. 3)  2. Transac Date (Month/Da    |     |      | Execution Date, |   | Transaction Disposed Of Code (Instr. 5)                     |                              | ities Acquired (A) or<br>d Of (D) (Instr. 3, 4 a  |        |                  |   | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4)   | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership               |  |            |  |  |
|   |     |      |                 |   | Code  | v                            | Amount  |        | (A) or (D) Price |   | Trans   | action(s)<br>3 and 4)   |  | (Instr. 4) |  |  |
| Common Stock Class A 12/12/2                                  |     |      |                 | /2014   |   | S                            |   | 400(1) | 1) D \$          |   | \$87  | 7.82  | 11,135   | D          |  |  |
|   |     | Та   |                 |   |   | urities Acqu<br>s, warrants, |   |        |                  |   |   |   |  |            |  |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)           |     |      |                 | 6. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year)      |   |                              | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Instr.<br>and 4) |        | estr. 3          | 8. Price of<br>Derivative<br>Security<br>(Instr. 5)   | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)   | Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |            |  |  |

Date

Exercisable

## **Explanation of Responses:**

1. This sale was completed pursuant to the terms of a pre-arranged trading plan established in accordance with Rule 10b5-1.

By: Margaret Austin Wright For: Jill A. Harley

Amount Number

of Shares

Title

Expiration

12/15/2014

\*\* 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).

Code

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.

(A) (D)