## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

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

## OMB APPROVAL

OMB Number: Estimated average burden hours per response: 0.5

Filed pursuant to Section 16(a) of the Securities Exchange	Act of 3	193
or Section 30(h) of the Investment Company Act of 3	1940	

1. Name and Address of Reporting Person*  GEPSMAN MARTIN J						2. Issuer Name <b>and</b> Ticker or Trading Symbol CME GROUP INC. [ CME ]									elationshi ck all app Direc	olicable)	• ( )	Person(s) to Issuer  10% Owner	
(Last) 20 S. WA	(Fi	,	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 08/09/2017									Offic belo	er (give title w)		Other (specify below)	
(Street) CHICAC			50606 Zip)		4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. In Line	) 【 Forn	or Joint/Group Filing (Check Applicable m filed by One Reporting Person m filed by More than One Reporting son			
		Tabl	e I - No	n-Deriv	/ative	Se	curitie	s Ac	quired,	, Dis	posed o	f, or	Bene	ficiall	y Own	ed			
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)		r) E	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)					) Secur Benef	icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									v	Amount	(A)	or	Price	Trans	action(s) 3 and 4)		(msu. 4)		
Common	Stock Class	s A		08/09	/2017				S		200		D :	\$126.1	4 4	43,311 D			
		Та									osed of, onvertib				Owned				
Derivative Conversion D		3. Transaction Date Execution I (Month/Day/Year)  (Month/Day		n Date, Transaction Code (Instr.				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Titl Amou Secur Under Deriva Secur and 4	nt of ities lying ative ity (Ins	Str. 3	Price of erivative ecurity istr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction( (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	Num of Shai						

**Explanation of Responses:** 

By: Margaret Austin Wright For: Martin J. Gepsman

08/09/2017

\*\* 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.