FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPRO	VAL							
OMB Number:	3235-0287							
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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

1 Name an	d Δddress o	f Reporting Perso	n*		2. Is	ssuer	Name a	and Ticl	er or Tra	ding S	Symbol				5. Rela	tionshi	p of Reportin	ıq Pei	rson(s) to Is	suer	
1. Name and Address of Reporting Person [*] CRONIN KATHLEEN M							CME GROUP INC. [CME]									all applicable) Director		10%			
(Last) (First) (Middle) 20 S. WACKER DRIVE						3. Date of Earliest Transaction (Month/Day/Year) 09/13/2012									X	belov	er (give title v) D Gen Cou	ınsel	below)		
(Street) CHICAG (City)		State)	60606 (Zip)		4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applic Line) X Form filed by One Reporting Person Form filed by More than One Reportin Person											on					
		Та	ble I - No	n-Deriv	ative	Se	curitie	es Ac	quired,	Dis	posed o	f, o	r Ber	efic	ally	Owne	ed				
D					2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr.					d (A) o	4 and Secu Bene Own		Amount of curities neficially ned Following		Ownership m: Direct or Indirect Instr. 4)	7. Nature of Indirect Beneficial Ownership	
										v	Amount		(A) or (D)	Pric	e	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common	Stock Clas	ss A		09/13	3/2012	2			S		700		D	\$59	9.43	1	6,755	D			
Common	Stock Cla	ss A		09/13	3/2012	2			S		100		D	\$5!	9.42	1	6,655	D			
Common	Stock Cla	ss A		09/13	3/2012	2			S		189		D	\$5!	9.44	4 16,466 D					
Common	Stock Cla	ss A		09/13	3/2012	2			S		1,621		D	\$5!	9.41	1	14,845 D				
			Table II -								sed of, onvertib					vned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	cercise (Month/Day/Year) if any Code (e of (Month/Day/Year) 8)					of Deriv Secu Acqu (A) o Disp of (D	osed) r. 3, 4	Expiration				e Amount of				9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	(I (10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	

Explanation of Responses:

By: Margaret Austin Wright For: Kathleen M. Cronin

09/17/2012

** 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.