FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPRO              | JVAL      |
|------------------------|-----------|
| OMB Number:            | 3235-0287 |
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|        | Check this box if no longer subject to |
|--------|--|
| $\neg$ | Section 16. Form 4 or Form 5           |
| J      | 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 and Address of Reporting Person* <u>Cook Elizabeth A</u>   |             |        |            |                              |       | 2. Issuer Name <b>and</b> Ticker or Trading Symbol  CME GROUP INC. [ CME ] |   |   |        |                                      |             |   |  |                                    |                                 | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable)   |        |   |  |  |   |  |
|--|-------------|--------|------------|------------------------------|-------|--|---|---|--------|--------------------------------------|-------------|---|--|------------------------------------|---------------------------------|---|--------|---|--|--|---|--|
|  |             |        |            |                              |       |  |   |   |        |                                      |             |   |  |                                    |                                 | X   | Direc  | tor   |  | 10% C  | wner  |  |
| (Last) (First) (Middle) 20 S. WACKER DRIVE   |             |        |            |                              |       | 3. Date of Earliest Transaction (Month/Day/Year) 09/25/2018                |   |   |        |                                      |             |   |  |                                    |                                 |   | Office | er (give title<br>v)  |  | Other below)                                     | (specify  |  |
| -  |             |        |            |                              |       | 4. If Amendment, Date of Original Filed (Month/Day/Year)                   |   |   |        |                                      |             |   |  |                                    |                                 | 6. Individual or Joint/Group Filing (Check Applicable Line)   |        |   |  |  |   |  |
| (Street) CHICAGO IL 60606  |             |        |            |                              |       |  |   |   |        |                                      |             |   |  |                                    |                                 | Form filed by One Reporting Person  Form filed by More than One Reporting   |        |   |  |  |   |  |
| (City) (State) (Zip)   |             |        |            |                              |       |  |   |   |        |                                      |             |   |  |                                    |                                 | Person  |        |   |  |  |   |  |
|  |             | Tabl   | e I - Nor  | n-Deriv                      | ative | Se   | curitie   | s Ac  | quire  | ed, D                                | isp         | osed o  | f, or                                    | Ben                                | eficia                          | ally (  | Owne   | ed  |  |  |   |  |
| 1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)  |             |        |            |                              |       | ar)  | 2A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year) |   | Co     | Transaction Disposed Code (Instr. 5) |             |   | ities Acquired (A<br>d Of (D) (Instr. 3, |                                    |                                 | 4 and S   |        | 5. Amount of<br>Securities<br>Beneficially<br>Owned Following<br>Reported |  | wnership<br>n: Direct<br>or Indirect<br>nstr. 4) | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |
|  |             |        |            |                              |       |  | de \  |   | Amount |                                      | A) or<br>D) | Price   | . 1                                      | Transaction(s)<br>(Instr. 3 and 4) |                                 |   |        | (111341. 4)   |  |  |   |  |
| Common   | Stock Class | 5/2018 | 3          |                              |       |  | A   |   | 87(1)  | ) A                                  |             | \$0   | .0                                       | 21,621                             |                                 |   | I      | by Trust  |  |  |   |  |
|  |             | Та     | ble II - C |                              |       |  |   |   |        |                                      |             | sed of,<br>nvertib  |  |                                    |                                 | y Ov  | ned    |   |  |  |   |  |
| Derivative Security (Instr. 3) Pate (Month/Day/Year) Execution Date, (Month/Day/Year) if any (Month/Day/Year) 8/ |             |        |            | 4.<br>Transa<br>Code (<br>8) |       |  | Expir.<br>(Mont   | 6. Date Exercisable and Expiration Date (Month/Day/Year)  Date Expiration Expiration Date |        |                                      |             | Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Instr.<br>and 4) |  |                                    | ce of<br>rative<br>rity<br>. 5) | 9. Number of<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction<br>(Instr. 4) | F<br>[ | LO.<br>Dwnership<br>Form:<br>Direct (D)<br>or Indirect<br>I) (Instr. 4)   | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |   |  |

## Explanation of Responses:

1. Incremental grant made pursuant to the CME Group Director Stock Plan, as amended and restated, as a result of an increase to Board compensation.

By: Margaret Austin Wright For: Elizabeth A. Cook

09/27/2018

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.