FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| Check this box if no longer subject to |
|--|
| Section 16. Form 4 or Form 5 |
| obligations may continue. See |
| Instruction 1(b). |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

| OMB APPROVAL OMB Number: 3235-0287 Estimated average burden | | | | | | | | | | |
|---|-----------|--|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | | |
| Estimated average burg | den | | | | | | | | | |
| hours per response: | 0.5 | | | | | | | | | |

| | hours per response: | 0.5 |
|-------------------|------------------------------|-----|
| - | | |
| Relationship of R | eporting Person(s) to Issuer | |

| | | g Person [*] | | er Name and Ticker | | | | tionship of Reportin all applicable) Director | ig Person(s) to Is 10% C | |
|---|---------|--|---|---|---|---------------------|---|---|---|---------------|
| 1. Name and Address of Reporting Person Suskind Dennis (Last) (First) 20 S. WACKER DR. (Street) CHICAGO IL 60606 (City) (State) (Zip) | | | 3. Date 09/25/ | of Earliest Transac 2008 | tion (Month/D | 0ay/Year) | | Officer (give title below) | Other below | (specify) |
| P | | | 4. If Am | nendment, Date of (| Driginal Filed | (Month/Day/Year) | | idual or Joint/Group | Filing (Check A | pplicable |
| (Street) CHICAGO | IL | 60606 | | | | | Line) X | Form filed by One Form filed by Mo Person | 1 0 | |
| (City) | (State) | (Zip) | | | | | | | | |
| | | Table I - Nor | -Derivative S | ecurities Acqu | lired, Disp | oosed of, or Benefi | cially | Owned | | |
| | | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) | 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5) | | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |

| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | | | | | |
|--|------------|--|------------------|---|--------|---------------|-------------------|------------------------------------|---|--|--|--|--|--|
| Common Stock Class A | 09/25/2008 | | A ⁽¹⁾ | | 183 | Α | \$ <mark>0</mark> | 483 | D | | | | | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | |

| . Title of Derivative Security Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | 5. Nu of Deriv Secu Acqu (A) or Dispo of (D) (Instr and 5 | ative rities ired osed | Expiration Date (Month/Day/Year) | | piration Date Amount of onth/Day/Year) Securities Underlying Derivative | | Expiration Date Amount of Derivati Month/Day/Year) Securities Security Underlying Derivative Security (Instr. 3 | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---|---|--|---|------------------------------|---|--|---------------------------------|-------------------------------------|--------------------|--|--|--|--|---|--|--|--|
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | | | |

Explanation of Responses:

1. Granted pursuant to the Chicago Mercantile Exchange Holdings Inc. 2005 Director Stock Plan.

By: Margaret C. Austin For: Dennis Suskind

09/29/2008

** 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.