

CME GROUP INC.

Reported by **HOLZRICHTER JULIE**

FORM 4

(Statement of Changes in Beneficial Ownership)

Filed 09/18/18 for the Period Ending 09/14/18

Address 20 S. WACKER DR

CHICAGO, IL, 60606

Telephone 3129301000

CIK 0001156375

Symbol CME

SIC Code 6200 - Security and Commodity Brokers, Dealers, Exchanges and Services

Industry Financial & Commodity Market Operators

Sector Financials

Fiscal Year 12/31





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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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

Name and Address of Reporting Person *					2.	2. Issuer Name and Ticker or Trading Symbol						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Holzrichter Julie				C	CME GROUP INC. [CME]							(Спеск ан арр	ilicable)					
(Last) (First) (Middle)					3. Date of Earliest Transaction (MM/DD/YYYY)							Director 10% Owner						
				3.	5. Date of Earnest Transaction (MIW/DD/1111)								X Officer (give title below) Other (specify below)					
20 S. WACKER DRIVE						9/14/2018							Sr MD Chief	Operatii	ng Officer			
				4.	4. If Amendment, Date Original Filed (MM/DD/YYYY)							6. Individual or Joint/Group Filing (Check Applicable Line)						
CHICAGO, IL 60606													_ X _ Form filed by One Reporting Person Form filed by More than One Reporting Person					
(C	(City) (State) (Zip)												roun med by more unan one reporting reson					
			Table	I - No	n-Dei	rivati	ive Sec	urities Ac	quir	red, Di	sposed (of, or	Ben	neficially Owne	ed			
			2. Trans. Date		2A. Deemed Execution Date, if any		3. Trans. Co (Instr. 8)	de	4. Securities Acquire or Disposed of (D) (Instr. 3, 4 and 5)			F	5. Amount of Securities Be Following Reported Transa (Instr. 3 and 4)			Ownership o Form:	Beneficial	
								Code	V	Amoun	(A) or (D)	Price	e				Direct (D) or Indirect (I) (Instr. 4)	
Common Stock Class A 9/14/2				9/14/20	018	A 4116 A \$0.0 51061			D									
Common Stock Class A 9/15				9/15/20	9/15/2018		F			433 (1	D	\$173.1	15	50628		D		
Common Stock Class A 9/15				9/15/20	18			F		590 <u>(T</u>	D	\$173.1	15	50038		D		
Common Stock Class A 9/15/				9/15/20	018			F		544 <u>(T</u>	D	\$173.1	15	49494			D	
Common Stock Class A 9/15/2018				018			F		514 <u>(T</u>	D	\$173.1	15	48980			D		
	Tab	le II - Der	rivative	Secur	ities	Bene	ficially	Owned (e.g.	, puts,	calls, w	arrai	nts, c	options, conve	rtible sec	curities)		
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative	3. Trans. Date	3A. Dee Execution Date, if	tion (Instr		Acquire Dispose						7. Title and A Securities Und Derivative Se (Instr. 3 and 4		Underlying Security	8. Price of Derivative Security (Instr. 5)		Ownership Form of Derivative	Beneficial
	Security				Code	V	(A)	(D)	Date Exe	e ercisable	Expiration Date	Title	Amo	ount or Number of res		Reported Transaction(s) (Instr. 4)	or Indirect	

Explanation of Responses:

(1) Ms. Holzrichter surrendered shares to the Company in order to fulfill tax withholding obligations upon the vesting of restricted stock on 9/15/18.

Reporting Owners

Penorting Owner Name / Address	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Holzrichter Julie								
20 S. WACKER DRIVE			Sr MD Chief Operating Officer					
CHICAGO, IL 60606								

Signatures

By: Margaret Austin Wright For: Julie Holzrichter	9/18/2018		
** 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 control number.