FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT | OF CHANGES | S IN BENEFICIAL | OWNERSHIP |
|-----------|------------|-----------------|------------------|

| OMB APPRO | VAL |
|------------------------|-----------|
| OMB Number: | 3235-0287 |
| Estimated average burd | en |
| hours per response: | 0.5 |
| | |

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 and Address of Reporting Person* <u>Kometer Kevin</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol CME GROUP INC. [CME] | | | | | | | | (Check all applic Directo | | cable) or | | rson(s) to Issuer 10% Owner | |
|-----------------------------------------------------------------|-----------------------------------------------------------------------|--------------------------------------------|---------------------------------------------|-------|----------------------------------------------------------|--------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-------|------------------|----------------------------|-----------------------|-----------------------------------------------------------------------------------------------|--------------------------------------|---------------------------------------------------|----------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-----------------------------|--------------------------------------------------------------------------|--------------------------------------------------------------------|
| (Last) 20 S. WA | (F ACKER DR | , | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/13/2016 | | | | | | | | X | Officer (give title below) Sr MD Chief Inform | | form | Other (s below) ationOffic | ` ´ |
| (Street) CHICAGO IL 60606 | | | | 4.1 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Individ ne) X | · | | | | | |
| (City) | (S | • | (Zip) | | | | | | | | | , - | <u> </u> | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transactic Date (Month/Day/ | | | | ction | ion 2A. Deemed Execution Date, | | 3. Transaction Code (Instr. 8) 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and Code (Instr. 8) | | | (A) or | 5. Amount of | | nt of es ally Following | Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | - [- | Reported Transact (Instr. 3 a | tion(s) | | | (Instr. 4) |
| Common Stock Class A 06/13/20 | | | | 2016 | 016 | | М | | 3,825 | A | \$88.1 | .3 | 46, | ,351 | | D | | | |
| Common Stock Class A 06/13/20 | | | | | 2016 | | | | S | | 3,825 | D | \$95.50 |)32 | 2 42,526 | | | D | |
| | | ٦ | Γable ΙΙ | | | | | | | | posed of, converti | | | | vned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deer Execution if any (Month/I | | | ransaction ode (Instr. | | ı of | | Exerci on Dat Day/Ye | | 7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4) | | Der Sec (Ins | p. Price of Derivative Security Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | e C s F lly D o (I | 10. 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 | Amoun or Numbe of Shares | | | | | | |
| Non- Qualified Stock Option (right to | \$88.13 | 06/13/2016 | | | M | | | 3,825 | 06/15/20 | 11 ⁽¹⁾ | 06/15/2016 | Common Stock Class A | 3,825 | Ş | \$0.0 | 0 | | D | |

Explanation of Responses:

 $1. \ As \ of \ 6/15/2011, this \ option \ vested \ with \ respect \ to \ 100\% \ of \ the \ granted \ number \ of \ shares \ covered \ by \ the \ option.$

By: Margaret Austin Wright 06/14/2016 For: Kevin Kometer

** 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.