FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|---------------------|----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-028 | | | | | | | | |
| Estimated average b | ourden | | | | | | | | |

0.5

hours per response:

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

| | | | | | 01 3 | Jecui | 30(11) | or trie i | iivesiiiei | it Con | ipariy Act | 01 194 | .0 | | | | | | | | |
|--|---|--|---|----------------------|----------------|--|---|--------------------------------------|--|--|---------------------|---|-----------------|---|---|---|---|---|--------------|--|--|
| 1. Name and Address of Reporting Person* Corvino Robert F | | | | | | 2. Issuer Name and Ticker or Trading Symbol CME GROUP INC. [CME] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
| Corvino |) Robert I | <u> </u> | | | 1 | | UITO | <u> </u> | <u>, </u> | | J | | | | X | Direc | ctor | wner | | | |
| (Last) 20 S. WA | ast) (First) (Middle) 0 S. WACKER DRIVE | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/27/2011 | | | | | | | | | | Offic belov | er (give title w) | | Other below) | (specify | |
| (Street) | O IL | (| 60606 | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Indivine) | ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (St | ate) (| Zip) | | | | | | | | | | | | | . 0.0 | | | | | |
| | | Tabl | e I - Nor | ı-Deriv | ative | Se | curitie | s Ac | quired, | Dis | osed o | f, or | Ben | eficia | ally | Owne | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | | ar) | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Disposed Code (Instr. 5) | | ities Acquired (A d Of (D) (Instr. 3, | | | | 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 | s A | | 06/27 | 7/201 1 | 1 | | | A ⁽¹⁾ | | 267 | | A | \$ | 0 | 2,7 | 2,768.125 D | | | | |
| | | Та | ble II - D | | | | | | , | | sed of, onvertib | | | | y Ov | vned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Da | Date, Transa Code | | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | | | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Owners Form: Direct (or India (I) (Inst | wnership | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisal | | Expiration Date | Title | or Nur of | nber | | | | | | | |

Explanation of Responses:

 $1.\ Granted\ pursuant\ to\ the\ CME\ Group\ 2005\ Director\ Stock\ Plan,\ as\ amended\ and\ restated.$

By: Margaret Austin Wright For: Robert F Corvino

06/28/2011

** 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.