FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| l | OMB APPROVAL | | | | | | | | | |
|---|------------------------|-----------|--|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | | | |
| | Estimated average burd | en | | | | | | | | |
| l | 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).

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

| 1. Name and Address of Reporting Person* Piell Hilda Harris | | | | | | | 2. Issuer Name and Ticker or Trading Symbol CME GROUP INC. [CME] | | | | | | | | | k all applic Directo | cable) or | g Pers | son(s) to Iss | ner |
|--|--|--|---------------|---------|----------------|---|--|--|-----|--------------------------------------|------|--------------------|--|-----------------------------------|--|--|---|---------------|--|--|
| (Last) (First) (Middle) 20 S. WACKER DRIVE | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/14/2011 | | | | | | | | | X | below) | cer (give title w) MD & Chief H | | Other (s below) COfficer | вреспу |
| (Street) CHICAGO IL 60606 (City) (State) (Zip) | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 5. Individual or Joint/Group Filing (Check Applicable line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | | Tab | le I - No | n-Deriv | <i>r</i> ative | e Se | curiti | es A | cqı | uired, I | Dis | posed o | f, or Be | nefici | ially | Owned | | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | | | | ar) E | xecutio any | . Deemed ecution Date, any onth/Day/Year) | | Transaction D Code (Instr. | | | 4. Securities Acquired (A) on Disposed Of (D) (Instr. 3, 4 | | | | es ally Following | Form (D) o | n: Direct r Indirect sstr. 4) | 7. Nature of Indirect Beneficial Ownership |
| | | | | | | | | | | Code \ | , | Amount | (A) or (D) | Price | : | Reported Transact (Instr. 3 | ction(s) | | | (Instr. 4) |
| Common Stock Class A 02/14/2 | | | | | | 2011 | | | | М | | 300 | A \$302. | | 2.57 | 7 1,839 | | | D | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | ate Execution | | | ransaction Code (Instr. | | ı of | | Date Exer piration D onth/Day/ | ate | | 7. Title and Amount of Securities Underlying Derivative Securi (Instr. 3 and 4) | | S (I | Price of erivative ecurity nstr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | lly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Da | te ercisable | | Expiration Date | Title | Amou or Numb of Share | er | | | | | |
| Non- Qualified Stock Option (right to buy) | \$22 | 02/14/2011 | | | М | | | 300 | 07/ | /20/2005 ⁽¹ | 1) (| 07/20/2011 | Common Stock Class A | 300 |) | \$0 | 0 | | D | |

Explanation of Responses:

 $1. \ On \ July \ 20, 2005, this \ option \ vested \ with \ respect \ to \ 100\% \ of \ the \ granted \ number \ of \ shares \ covered \ by \ the \ option.$

By: Margaret C. Austin For: Hilda L Piell

02/15/2011

** 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.