FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPRO	OVAL							
	OMB Number:	3235-0287							
l	Estimated average burden								
l	hours per response:	0.5							

	Check this box if no longer subject to								
$\neg$	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 <sup>*</sup> <u>SAVAGE TERRY L</u>							2. Issuer Name <b>and</b> Ticker or Trading Symbol  CME GROUP INC. [ CME ]									p of Reportin plicable) ctor	,		
(Last) (First) (Middle) 20 SOUTH WACKER DRIVE						3. Date of Earliest Transaction (Month/Day/Year) 06/25/2015										er (give title w)	Other (specify below)		
(Street) CHICAG (City)			50606 Zip)		Line) X Form filed by On								p Filing (Check Applicable ne Reporting Person ore than One Reporting						
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)						Execution Date,			Code (Instr.   5)					Secur Benef Owner	icially d Following	6. Owner Form: Di (D) or Ind (I) (Instr.	irect direct	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A (D	) or )	Price		ted action(s) 3 and 4)			(Instr. 4)
Common Stock Class A 06/25						2015		A <sup>(1)</sup>		1,064 A		\$0.00	) 1	12,885			By Trust		
		Та	ıble II - C								sed of, onvertib				Owned				
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, Transaction					6. Date Ex Expiration (Month/Da	•	d 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		S (I	. Price of erivative ecurity nstr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	n: ct (D) direct	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	Amo or Num of Shar	ber					

## Explanation of Responses:

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

## Remarks:

By: Margaret Austin Wright for Terry L. Savage

06/29/2015

\*\* Signature of Reporting Person

Date

 $Reminder: Report \ on \ a \ separate \ line \ for \ each \ class \ of \ securities \ beneficially \ owned \ directly.$ 

- $^{\star}$  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.