FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSH

	OMB APPI	ROVAL			
IN BENEFICIAL OWNERSHIP	OMB Number:	3235-0287			
IN BENEFICIAL CONTERCORM	Estimated average burden				

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>CRONIN KATHLEEN M</u>						2. Issuer Name and Ticker or Trading Symbol CME GROUP INC. [CME]										all app	olicable) etor			Owner
(Last) (First) (Middle) 20 S. WACKER DRIVE						3. Date of Earliest Transaction (Month/Day/Year) 09/16/2014									X	Officer (give title below) Sr MD Gen Cou		Other (s below) nsel & Corp So		
(Street) CHICAC			50606 Zip)		4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (ChecLine) X Form filed by One Reporting Form filed by More than One Form filed by More than One Form Form File						g Pers	on								
		Tabl	e I - Noi	n-Deriv	ative	Se	curitie	s Acc	quired,	Dis	posed o	f, oı	Ben	efici	ally (Dwne	ed			
Date				Date	e Ex nth/Day/Year) if		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Disposed Code (Instr. 5)		ities Acquired (A) d Of (D) (Instr. 3, 4			4 and Secu Bene		cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
								Code	v	Amount		(A) or (D)	Price	Tra		action(s) 3 and 4)			(Instr. 4)	
Common	Stock Class	s A		09/16	/2014				F		203(1)		D	\$79	.87	1	9,703 D			
		Та	ıble II - I								sed of, onvertib				y Ov	ned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	tercise (Month/Day/Year) if any (Month/Day/Year) if any (Month/Day/Year)		n Date, ay/Year)	4. Transaction Code (Instr. 8)		of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Numbe of Title Shares		nstr. 3 nount mber	nt er		9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owner Form Direct or Inc (I) (In		11. Nature of Indirect Beneficial Ownership (Instr. 4)

Explanation of Responses:

 $1.\ Ms.\ Cronin\ surrendered\ shares\ to\ the\ Company\ in\ order\ to\ fulfill\ tax\ withholding\ obligations\ upon\ the\ vesting\ of\ restricted\ stock\ on\ 9/16/2014.$

By: Margaret Austin Wright For: Kathleen M Cronin

09/17/2014

** 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.