FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

| | Check this box if no longer subject to |
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| \neg | Section 16. Form 4 or Form 5 |
| \neg | 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 an Nicifor | | 2. Issuer Name and Ticker or Trading Symbol CME GROUP INC. [CME] | | | | | | | | | heck all ap | ionship of Reporting F all applicable) Director | | Person(s) to Issuer 10% Owner | | | | | |
|--|--|--|--|--------|--|---|---------|--------|--|-------------|--------------------|--|-------------------------|-------------------------------|---|---|---|---|--|
| (Last) (First) (Middle) 20 S. WACKER DRIVE | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/27/2011 | | | | | | | | | Offic belo | cer (give title w) | | ther (s elow) | specify |
| (Street) CHICAGO IL 60606 (City) (State) (Zip) | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | ne) X For For | dual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| | | Tabl | e I - Non | -Deriv | ative | Sec | curitie | s Ac | quired, | Disp | osed o | f, or | Bene | ficia | lly Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transar Date (Month/Date | | | | | | Execution Date, | | | Code (Instr. 5) | | | | | nd Secui Bene | ficially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | Code | v | Amount | (A (I | A) or D) | Price | Trans | action(s) 3 and 4) | | | (Instr. 4) | | | |
| Common Stock Class A 06/27/ | | | | | | | /2011 | | A ⁽¹⁾ | | 267 | | A | \$(| 5,480.625 | | 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) | 3A. Deemed Execution Dat if any (Month/Day/Ye | Date, | ate, Transaction | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instrand 4) | | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | hip D) ect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisal | | Expiration Date | Title | or Num of Shar | | | | | | |

Explanation of Responses:

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

By: Margaret Austin Wright For: Joseph Niciforo

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.