## FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## 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

|   |   |  |  |   | or  | Secti    | on 30(h)  | of the                             | e Inve | estment   | Con                                 | npany Act            | of 19                             | 40  |  |   | respo   |                              |  | 0.5  |
|---|---|--|--|---|---|----------|---|------------------------------------|--------|---|-------------------------------------|----------------------|-----------------------------------|---|--|---|---|------------------------------|--|--|
| 1. Name and Address of Reporting Person*     JOHNSTON SCOTT L     (Last)   (First)     (Middle) |   |  |  | <u>CH</u><br><u>H(</u><br>3. [  | 2. Issuer Name and Ticker or Trading Symbol<br><u>CHICAGO MERCANTILE EXCHANGE</u><br><u>HOLDINGS INC</u> [ CME ] 3. Date of Earliest Transaction (Month/Day/Year)<br>06/06/2003 |          |   |                                    |        |   |                                     |                      |                                   | (Ch   | Relationship of Reporting Per<br>eck all applicable)<br>Director<br>X Officer (give title<br>below)<br>Man. Dir. & Chi |   |   | 10% Ov<br>Other (s<br>below) | vner   |  |
| (Street)<br>(City)  | (S  | tate)                                      | (Zip)  |   | 4. 11   | f Ame    | endment,  | Date                               | of Or  | riginal F   | iled                                | (Month/Da            | ay/Yea                            | ar)   | Line   | X Form fi   | led by One<br>led by Moi  | e Repo                       | (Check Ap<br>orting Perso<br>One Repo                                    | n  |
|   |   | Tab  | le I - Nor                                       | n-Deriv   | ative   | e Se     | curitie   | es Ac                              | cqui   | ired, I   | Dis                                 | posed o              | of, o                             | r Ben   | eficial  | y Owned   | ļ   |                              |  |  |
| 1. Title of S   | Security (Ins   | tr. 3)                                     |  | 2. Transaction<br>Date<br>(Month/Day/Year)<br>2A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year)<br>3. Transaction<br>if any<br>(Month/Day/Year)<br>3) |   | Disposed | 4. Securities Acquired (A)<br>Disposed Of (D) (Instr. 3, 4<br>5)                              |                                    |        | 5. Amour<br>Securitie<br>Beneficia<br>Owned F<br>Reported | es For<br>ally (D)<br>Following (I) |                      | : Direct<br>r Indirect<br>str. 4) | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4)   |  |   |   |                              |  |  |
|   |   |  |  |   |   |          |   |                                    |        | Code  | v                                   | Amount               |                                   | (A) or<br>(D)   | Price  | Transact<br>(Instr. 3 a                             | ion(s)  |                              |  | (Instr. 4)   |
| Class A C   | Common St   | ock  |  | 06/06   | 5/200   | 3        |   |                                    |        | Α   |                                     | 1,300                | )                                 | Α   | 0  | 2,4   | 490   |                              | D  |  |
|   |   | ٦  | Fable II -                                       |   |   |          |   |                                    |        |   |                                     | osed of,<br>onvertil |                                   |   |  | Owned   |   |                              |  |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)   | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deeme<br>Execution I<br>if any<br>(Month/Day | Date,   | 4.<br>Transa<br>Code (1<br>3)   |          | 5. Num<br>of<br>Deriva<br>Securi<br>Acquir<br>(A) or<br>Dispos<br>of (D)<br>(Instr.<br>and 5) | tive<br>ties<br>red<br>sed<br>3, 4 | Expi   | ate Exe<br>iration I<br>nth/Day                           | Date                                |                      | Ame<br>Sec<br>Und<br>Deri         | itle and<br>ount of<br>curities<br>derlying<br>ivative<br>str. 3 an | Security   | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Numbe<br>derivative<br>Securitie<br>Beneficia<br>Owned<br>Following<br>Reported<br>Transacti<br>(Instr. 4) | e<br>s<br>dly<br>g           | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |

Numbe Date Exercisable Expiration Date of Shares Code (A) (D) Title Employee Stock Class A Option (right to 06/06/2003 06/06/2004<sup>(1)</sup> 8,900 \$<mark>0</mark> 63.01 8,900 06/06/2013 Common Stock 8,900 D Α buy)

Explanation of Responses:

1. On June 6, 2004, Mr. Johnston's option will vest with respect to 20% of the granted number of shares covered by the option. On the anniversary of that date on each of the four subsequent years, the option will vest with respect to an additional 20% of the shares covered by the option, subject to acceleration or termination in certain circumstances.

| Kathleen M. Cronin, Attorney     | 06/10/2003 |  |  |  |  |
|----------------------------------|------------|--|--|--|--|
| in Fact                          | 06/10/2003 |  |  |  |  |
| ** 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.

OMB APPROVAL

| OMB Number:              | 3235-0287            |  |  |  |  |  |
|--------------------------|----------------------|--|--|--|--|--|
| Expires:                 | December 31,<br>2014 |  |  |  |  |  |
| Estimated average burden |                      |  |  |  |  |  |
| hours per                |                      |  |  |  |  |  |

0.5