

CME GROUP INC. Reported by PIETROWICZ JOHN W.

FORM 4

(Statement of Changes in Beneficial Ownership)

Filed 10/15/18 for the Period Ending 10/11/18

Address 20 S. WACKER DR

CHICAGO, IL, 60606

- Telephone 3129301000
 - CIK 0001156375
 - Symbol CME
- SIC Code 6200 Security and Commodity Brokers, Dealers, Exchanges and Services

Industry Financial & Commodity Market Operators

- Sector Financials
- Fiscal Year 12/31

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| FORM 4 | |
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[] 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

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

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 [*] | 2. Issuer Name and Ticker or Trading Symbol | 5. Relationship of Reporting Person(s) to Issuer | | | |
|--|---|--|--|--|--|
| | | (Check all applicable) | | | |
| Pietrowicz John W. | CME GROUP INC. [CME] | | | | |
| (Last) (First) (Middle) | 3. Date of Earliest Transaction (MM/DD/YYYY) | Director 10% Owner | | | |
| | | X Officer (give title below) Other (specify below) | | | |
| 20 S. WACKER DRIVE | 10/11/2018 | Sr MD Chief Financial Officer | | | |
| (Street) | 4. If Amendment, Date Original Filed (MM/DD/YYYY) | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | |
| CHICAGO, IL 60606 (City) (State) (Zip) | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| Common Stock Class A | 10/11/2018 | | s | | 2500 (1) | D | \$179.86 | 32720 | D | |
|-----------------------------------|----------------|---|------------|--|--------------------|---------------|----------|-----------------------------------|---|--|
| | | , | Code | | Amount | (A) or (D) | Price | (, , , , , , , , , , , , , , , , | | Ownership |
| 1.Title of Security (Instr. 3) | 2. Trans. Date | | (Instr. 8) | | or Disposed of (D) | | | | | 7. Nature of Indirect Beneficial |

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of Derivate Security (Instr. 3) | | Date | | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 1 | | Securities Underlying Derivative Security | | Derivative Security | Securities Beneficially | Ownership Form of Derivative | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
|--|----------|------|------|---|--|-----|---------------------|--------------------|--|-------------------------------|------------------------|--|------------------------------------|--|
| | Security | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | Following Direct Reported or Indi Transaction(s) (I) (Ins (Instr. 4) 4) | | |

Explanation of Responses:

(1) This sale was completed pursuant to the terms of a pre-arranged trading plan established in accordance with Rule 10b5-1.

Reporting Owners

| Penarting Owner Name / Address | Relationships | | | | | | |
|---|---------------|-----------|-------------------------------|-------|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | |
| Pietrowicz John W. 20 S. WACKER DRIVE CHICAGO, IL 60606 | | | Sr MD Chief Financial Officer | | | | |

Signatures

| By: Margaret Austin Wright For: John William Pietrowicz | 10/15/2018 |
|---|------------|
| | |

** 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).

File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure. Note:

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 control number.