FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT | OF CHANGES IN | I BENEFICIAL | OWNERSHIP |
|-----------|---------------|--------------|-----------|

| OMB APPROVAL | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average burden | | | | | | | | | |
| hours per response | e: 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>Cutinho Sunil</u> | | | | | 2. Issuer Name and Ticker or Trading Symbol CME GROUP INC. [CME] | | | | | | | | | all app | applicable) Director | | Person(s) to Issuer 10% Owner | | | |
|---|---|--|---|-----------------|--|---|--|--------------------------------------|---|-----------------|---|----------------------------|---|-----------|---|--|---|--|--|--|
| (Last) 20 S. WA | (Fi | , | Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 09/15/2017 | | | | | | | | X | belov | Officer (give title below) Sr MD & Preside | | below) | | |
| (Street) CHICAC | | | 50606 Zip) | | 4. If | Ame | ndment | , Date (| of Origina | al File | d (Month/Da | ay/Yea | ur) | | i. Indiv ine) X | Form | r Joint/Group n filed by One n filed by Mor on | e Reportii | ng Pers | on |
| | | Tabl | e I - No | n-Deriv | ative | Sec | uritie | s Ac | quired | , Dis | posed o | f, or | Ben | efici | ally | Owne | ed | | | |
| Date | | 2. Transa Date (Month/D | | Execution Date, | | 3. Transaction Code (Instr. 8) 4. Securities Act Disposed Of (D) | | Acquired (A) or (D) (Instr. 3, 4 and | | | 5. Amount of Securities Beneficially Owned Following Reported | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | | | | |
| | | | | | | | | | Code | v | Amount | () | A) or D) | Price | | Transa | action(s) 3 and 4) | | | (Instr. 4) |
| Common Stock Class A 09/15/2 | | | | 2017 | 017 | | A | | 4,856 | T | Α | \$0.0 | | 26,546 | | D | | | | |
| Common Stock Class A 09/15/2 | | | | 2017 | 017 | | F | | 1,369(1 |) | D | \$131.2 | | 9 25,177 | | D | | | | |
| Common Stock Class A 09/16/2 | | | | /2017 | .017 | | F | | 276(2) | D \$1 | | \$13 | 1.29 | 29 24,901 | | D | | | | |
| | | Та | | | | | | | | | osed of, onvertib | | | | | vned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deer Execution if any (Month/E | n Date, | 4. Transa Code (8) | | of Deriv Secu Acqu (A) o Disp | r osed) r. 3, 4 | 6. Date Expiration (Month/III) Date Exercise | on Da Day/Yo | | Amo Secu Und Deri | Am or Nu of | | | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Own Forn Direc or In (I) (Ir | ership i: ct (D) direct istr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |

Explanation of Responses:

- 1. Mr. Cutinho surrendered shares to the Company in order to fulfill tax withholding obligations upon the vesting of restricted stock on 9/15/17.
- 2. Mr. Cutinho surrendered shares to the Company in order to fulfill tax withholding obligations upon the vesting of restricted stock on 9/16/17.

By: Margaret Austin Wright
For: Sunil Kiran Cutinho

09/19/2017

** 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.