FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPRO | OVAL | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | |
| 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

| Name and Address of Reporting Person* Hastert J. Dennis | | | | | | 2. Issuer Name and Ticker or Trading Symbol CME GROUP INC. [CME] | | | | | | | | | 5. Relationship of Reportin (Check all applicable) | | | ` ` ` ` | | |
|--|---|--|--|-------|--------------------------------|---|-----|---------------------|--------------------------------------|-------------|----------------------|---|--------------------------------|-----|--|--|---|--|--|--|
| (Last) | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/25/2014 | | | | | | | | | C | irector fficer (give title elow) | | 10% Owner Other (specify below) | | |
| (Street) CHICAGO IL 60606 (City) (State) (Zip) | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | ne) <mark>X</mark> F F | orm filed by Or | or Joint/Group Filing (Check Applicable m filed by One Reporting Person m filed by More than One Reporting son | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | Execution Date | | | n Date, | , Transaction Dis Code (Instr. 5) | | | 1. Securities Acquired (A) Disposed Of (D) (Instr. 3, 6) | | | nd Se Be Ow | Amount of curities neficially ned Following ported | For (D) | Ownership m: Direct or Indirect (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | Code | v | Amount | () () | A) or D) | Price | Tra | nsaction(s) str. 3 and 4) | | | (111511.4) | | | | |
| Common | /2014 | | A ⁽¹⁾ | | 331 | A \$ | | \$ <mark>0</mark> . | 0 | 9,235 | | D | | | | | | | | |
| | | Та | | | | | | | | | osed of, onvertib | | | | Own | ed | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date if any (Month/Day/Yea | Date, | 4. Transactic Code (Inst | | | | 6. Date Expirati (Month/ | on Da | | e and 7. Title and Amount of Securities Underlying Derivative Security (Instrand 4) | | | 8. Price Derivati Security (Instr. 5) | e derivative | , | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercis | able | Expiration Date | Title | Amo or Num of Shar | ber | | | | | | |

Explanation of Responses:

1. Incremental grant made pursuant to the CME Group Director Stock Plan, as amended and restated, in connection with an increase in Board compensation.

By: Margaret Austin Wright For: J. Dennis Hastert

08/27/2014

** 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.