FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| I | OMB APP | ROVAL |
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| I | OMB Number: | 3235-0287 |
| II | Estimated average b | ourden |

0.5

hours per response:

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

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

| | | | | | Τ | | | | | | | | | | T | | | | | |
|--|---|--|--|---------|------------------------------|---|---------|-----|-------------|--|------|---------------------|---|-------------------|---------|--|--|---------------------|--|--|
| 1. Name and Address of Reporting Person* <u>Durkin Bryan T</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol CME GROUP INC. [CME] | | | | | | | | | | ck all appli Direct | cable) or | g Person(s) to Issi | | /ner |
| (Last) (First) (Middle) 20 S. WACKER DRIVE | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 09/14/2007 | | | | | | | | | _ > | Officer below) | ficer (give title low) MD & (| | Other (s below) | pecify |
| (Street) CHICAGO IL 60606 | | | | | 4.1 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Line | 5. Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting | | | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | | Perso | າ ້ | | • | |
| | | Tab | le I - Nor | n-Deriv | vativ | e Se | curitie | s A | cqu | ired, [| Disp | osed o | f, or B | ene | ficiall | y Owne | i | | | |
| 1. Title of Security (Instr. 3) 2. Trans: Date (Month/L | | | | | | Execution Date, | | | е, | , Transaction Disposed Code (Instr. 5) | | | ities Acquired (A) or d Of (D) (Instr. 3, 4 a | | | | es For ally (D) collowing (I) (| | : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership |
| | | | | | | | | | | Code | v | Amount | Amount (A) (C) | | Price | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) |
| Common Stock Class A 09/14/ | | | | | 4/200 | /2007 | | | | A | | 285 A | | \$ <mark>0</mark> | 2 | 285 | | D | | |
| | | - | Гable II - | | | | | | | | | sed of, onvertil | | | | Owned | | | , | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution I if any (Month/Day | Date, | 4. Transa Code (8) | | of | | Exp | 6. Date Exercisal Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4) | | | 8. Price of Derivative Security (Instr. 5) | 9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4) | e s Illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exe | e ercisable | | expiration pate | Title | or No | umber | | | | | |
| Non- Qualified Stock Option (right to | \$548.6 | 09/14/2007 | | | A | | 1,840 | | 09/1 | 14/2008 ⁽¹ | .) 0 | 9/14/2017 | Commo Stock Class A | 1 | ,840 | \$0 | 1,840 |) | D | |

Explanation of Responses:

1. These options were granted on September 14, 2007. They vest over a five-year period, with 20% vesting one year after the grant date and 20% vesting on that same date in each of the following four years, subject to acceleration or termination in certain circumstances.

> By: Margaret C. Austin For: Bryan Durkin

09/18/2007

** 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.