

# CME GROUP INC. Reported by GLICKMAN DANIEL R

## FORM 4

(Statement of Changes in Beneficial Ownership)

## Filed 09/27/18 for the Period Ending 09/25/18

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





[] 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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

## 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       |   |                            |                                  |  |                                      |                         | bol  | •   | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) |            |   |   |  |
|---|---|-------------|--------------------------------------|--|---|---|----------------------------|----------------------------------|--|--------------------------------------|-------------------------|--|---|---|------------|---|---|--|
| GLICKMAN DANIEL R                         |   |             |                                      |  | CN  | CME GROUP INC. [ CME ]                                    |                            |                                  |  |                                      |                         |  |   |   |            | 00/ 0   |   |  |
| (Last) (First) (Middle)                   |   |             | 3. I                                 | 3. Date of Earliest Transaction (MM/DD/YYYY) |   |   |                            |                                  |  |                                      | X Director Officer (giv | X _ Director10% OwnerOfficer (give title below)Other (specify below) |   |   |            |   |   |  |
| 20 S. WACKER DRIVE                        |   |             |                                      |  | 9/25/2018   |   |                            |                                  |  |                                      |                         |  |   |   |            |   |   |  |
| (Street)                                  |   |             |                                      | 4. I   | 4. If Amendment, Date Original Filed (MM/DD/YYYY) |   |                            |                                  |  |                                      |                         | 6. Individual o  | 6. Individual or Joint/Group Filing (Check Applicable Line)                       |   |            |   |   |  |
| CHICAGO, IL 60606 (City) (State) (Zip)    |   |             |                                      |  |   |   |                            |                                  |  |                                      |                         | X Form filed b   | X Form filed by One Reporting Person Form filed by More than One Reporting Person |   |            |   |   |  |
|   |   |             | Table I                              | - Non-                                       | Der   | ivati   | ve Secu                    | ırities Ac                       | quir   | ed, Di                               | sposed                  | of, o  | r B   | eneficially Owne  | d          |   |   |  |
| 1.Title of Security (Instr. 3)            |   |             | 2. Trans. Date                       |  | te 2A. Deemed<br>Execution<br>Date, if any        |   | 3. Trans. Co<br>(Instr. 8) | de                               | e 4. Securities Acqu<br>or Disposed of (D<br>(Instr. 3, 4 and 5) |                                      | D)                      | (A)  | 5. Amount of Securiti<br>Following Reported 7<br>(Instr. 3 and 4)                 | ties Beneficially Owned<br>Transaction(s)                               |            | 6.<br>Ownership<br>Form:<br>Direct (D)                | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership |  |
|   |   |             |                                      |  |   |   |                            | Code                             | v  | Amou                                 | nt (A) (D)              |  | rice  |   |            |   |   | (Instr. 4)   |
| Common Stock Class A 9/25/2013            |   |             |                                      | 8  |   |   | A                          |                                  | 87 C   | <u>A</u>                             | \$(                     | 0.0  | 1   | 14487   |            |   |   |  |
| Common Stock Class A                      |   |             |                                      |  |   |   |                            |                                  |  |                                      |                         |  | :   | 2100  |            | I   | by Trust  |  |
|   | Tabl  | le II - Dei | ivative S                            | Securit                                      | ies E   | Bene  | ficially                   | Owned (                          | e.g. ,   | , puts,                              | calls, v                | varra  | ants  | s, options, conve   | rtible sec | urities)  |   |  |
| Security (Instr. 3)                       | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | Date I      | 3A. Deem<br>Execution<br>Date, if an | (Inst  |   | s. Code 5. Number Derivative Acquired Disposed (Instr. 3, |                            | e Securities<br>(A) or<br>of (D) |  | Date Exercisable and appiration Date |                         |  | uritie<br>ivati   | es Underlying<br>ve Security  |            | Securities<br>Beneficially<br>Owned                   | Ownership<br>Form of<br>Derivative<br>Security:     | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |
|   |   |             |                                      | Code   |   | V   | (A)                        | (D)                              | Date<br>Exer   | cisable                              | Expiration<br>Date      | n Title  |   | mount or Number of hares  |            | Following<br>Reported<br>Transaction(s)<br>(Instr. 4) | Direct (D)<br>or Indirect<br>(I) (Instr.<br>4)      |  |

### **Explanation of Responses:**

(1) Incremental grant made pursuant to the CME Group Director Stock Plan, as amended and restated, as a result of an increase to Board compensation.

#### **Reporting Owners**

|                                |          | D 1 (* 1      |         |       |  |  |  |  |
|--------------------------------|----------|---------------|---------|-------|--|--|--|--|
| Reporting Owner Name / Address | 0        | Relationships |         |       |  |  |  |  |
| Reporting Owner Name / Address | Director | 10% Owner     | Officer | Other |  |  |  |  |
| GLICKMAN DANIEL R              |          |               |         |       |  |  |  |  |
| 20 S. WACKER DRIVE             | X        |               |         |       |  |  |  |  |
| CHICAGO, IL 60606              |          |               |         |       |  |  |  |  |

#### **Signatures**

| By: Margaret Austin Wright For: Daniel R. Glickman | 9/27/2013 |
|--|-----------|
| ** 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 control number.