FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

		Poporting Porcon*									npany Act o	1 10-10						
1. Name and Address of Reporting Person* GERDES LARRY G				2. Issuer Name and Ticker or Trading Symbol CME GROUP INC. [CME]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
(Last) 20 S. WA	(Fir	,	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 06/25/2020							\neg	Offi bel	eer (give title w)		Other (specify below)		
(Street) CHICAG	GO IL		0606 Zip)		4. If A	Amend	ment,	Date of	f Origina	l Filed	i (Month/Da	y/Year)		ine) X For For	or Joint/Grou m filed by On m filed by Mo son	ne Rep	oorting Pers	on
		Table	I - Noı	n-Deriva	tive S	Secui	rities	Acq	uired,	Dis	posed of	, or B	enefic	ially Ow	ned			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)				Execution ay/Year) if any		ution Date,		Transaction Disposed Of Code (Instr. 5)		ies Acquired (A Of (D) (Instr. 3,		and Secu Bene Own	ficially ed Following	Forn (D) o	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) (D)	Price		rted action(s) . 3 and 4)			(Instr. 4)
Common Stock Class A 06/25			06/25/	/2020		A ⁽¹⁾		1,186	A \$0.0		.0 35	35,934.15		D				
		Tal									osed of, o				ed			
1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security 3. Transaction Date Execution Date (Month/Day/Year) (Month/Day/Year) (Month/Day/Year)		on Date,	4. Transaction Code (Instr. 8) S. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price o Derivative Security (Instr. 5)		ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)					

Explanation of Responses:

1. Granted pursuant to the CME Group Director Stock Plan, as amended and restated.

By: Margaret Austin Wright For: Larry G Gerdes

06/29/2020

** 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.