FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

OMB ADDDOMAL

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* Pankau Ronald A.						2. Issuer Name and Ticker or Trading Symbol CME GROUP INC. [CME]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
Falikau Kolidiu A.														Offic	er (give title	Other	Owner (specify	
(Last) (First) (Middle) 20 S. WACKER DR.							12/12/2016								w)	below)	
(Street) CHICAGO IL 60606						4. If Amendment, Date of Original Filed (Month/Day/Year))	vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person			
(City) (State) (Zip)															Form filed by More than One Reporting Person			
	Tabl	e I - No	n-Deriv	ative	Sec	curitie	s Ac	quired,	Dis	posed o	f, or E	3ene	ficiall	y Own	ed			
Date						Execution Date,		Transaction Disposed Of (D) (Instr. 3, 4				Secui Benet Owne	ities icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership			
				Code	v	Amount	(A) (D)	or	Price	Trans	action(s)		(Instr. 4)					
Stock Class	s A	/2016	016		S		382) :	\$123.5	3	4,000	D					
	Та													Owned				
Conversion or Exercise Price of Derivative Security Date (Month/Day/Year) Execution Date, if any (Month/Day/Year)		Code (8)	ode (Instr. Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration			Amoun or Numbe		unt ber	erivative ecurity	derivative Securities Beneficially Owned Following Reported	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
	(Final ACKER DR GO IL (St Security (Inst Stock Class 2. Conversion or Exercise Price of Derivative	(First) (ACKER DR. GO IL (State) (ACKER DR. Table (ACKER DR. Tabl	(First) (Middle) ACKER DR. GO IL 60606 (State) (Zip) Table I - No Security (Instr. 3) Stock Class A Table II - Conversion or Exercise Price of Derivative (Month/Day/Year) Price of Derivative (Month/Day/Year)	Table I - Non-Derivative Price of Derivative (First) (Middle) (Middle) (ACKER DR. (Aid (Middle) (Zip) Table I - Non-Derivative (Zip) 2. Transaction Date (Month/Day/Year) 3. Transaction Date (Month/Day/Year) 3. Deemed Execution Date, if any (Month/Day/Year)	Ronald A. (First) (Middle) ACKER DR. 3. D 12/ 4. If GO IL 60606 (State) (Zip) Table I - Non-Derivative Security (Instr. 3) 2. Transaction Date (Month/Day/Year) Stock Class A 12/12/2016 Table II - Derivative S (e.g., puts, compared by the compared of the compared by the comp	(First) (Middle) ACKER DR. 3. Date of 12/12/22 4. 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[CME] CME GROUP INC. [CME] Check all applicable) X Director Officer (give title below) Officer (give title below) ACKER DR. 4. If Amendment, Date of Original Filed (Month/Day/Year) Comparison Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned Security (Instr. 3) Car Transaction (Month/Day/Year) Car Transaction (Month/Day/Year) Car Transaction (Month/Day/Year) Code (Instr. 3) Car Transaction (Month/Day/Year) Code (Instr. 3) Car Transaction (Month/Day/Year) Code (Instr. 3) Code (Instr. 3) Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned Securities Acquired (A) or Securities Seneficially Owned Following Reported (Instr. 3 and 4) Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned Securities Securit	

Explanation of Responses:

By: Margaret Austin Wright For: Ronald A. Pankau

12/13/2016

** 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.