

## **CME GROUP INC.**

# Reported by **TULLY SEAN**

### FORM 4

(Statement of Changes in Beneficial Ownership)

### Filed 09/18/18 for the Period Ending 09/14/18

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

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### 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

Name and Address of Reporting Person *					2.	2. Issuer Name and Ticker or Trading Symbol								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
Tully Sean					C	CME GROUP INC. [ CME ]							Discretor	•	10	0/ 0	
(Last)	(Last) (First) (Middle)					3. Date of Earliest Transaction (MM/DD/YYYY)							Director	Director 10% Owner X Officer (give title below) Other (specify below)			
20 S. WACKER DRIVE						9/14/2018								Sr MD Global Hd Financial & OT			
(Street)				4.	4. If Amendment, Date Original Filed (MM/DD/YYYY)								6. Individual or Joint/Group Filing (Check Applicable Line)				
CHICAGO, IL 60606 (City) (State) (Zip)													X Form filed	_X _ Form filed by One Reporting Person Form filed by More than One Reporting Person			
(C	ity) (Sta	ate) (Z	.ip)														
			Table	I - No	on-Dei	rivati	ive Sec	urities Ac	quir	red, Di	sposed o	of, or	Beneficially Owr	ied			
1. Title of Security (Instr. 3)			2. Trans. Date		2A. Deemed Execution Date, if any		3. Trans. Code (Instr. 8)		4. Securities Acquired (A or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		Ownership of Form:	Beneficial		
								Code	V	Amoun	(A) or (D)	Price				Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)
Common Stock Class A 9/14/2018				2018			A		3900	A	\$0.0		38833		D		
Common Stock Class A 9/15/201				2018	F 404 (1) D \$173.15 38429			D									
Common Stock Class A 9/15/201				2018			F 702 (1) D \$173.15 37727				D						
Common Stock Class A 9/15/2018							F		606 <u>(1</u>		\$173.1		37121				
Common Stock Class A 9/15/2018				2018			F		293 (1	D	\$173.1	5	36828				
	Tab	le II - Dei	rivative	Secu	rities ]	Bene	ficially	Owned (	e.g.	, puts,	calls, w	arrar	ts, options, conv	ertible sec	curities)		
Security (Instr. 3)	2. Conversion or Exercise Price of Derivative	3. Trans. Date	3A. Dee Execution Date, if	on (Instr. 8		Acquire Dispose		ive Securities Ex				7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)		Ownership Form of	11. Nature of Indirect Beneficial Ownership (Instr. 4)
	Security				Code	V	(A)	(D)	Dat Exe	e ercisable	Expiration Date	Title	Amount or Number of Shares		Reported Transaction(s (Instr. 4)	or Indirect	

#### **Explanation of Responses:**

(1) Mr. Tully surrendered shares to the Company in order to fulfill tax withholding obligations upon the vesting of restricted stock on 9/15/18.

#### **Reporting Owners**

Paparting Owner Name / Address	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Tully Sean								
20 S. WACKER DRIVE			Sr MD Global Hd Financial & OT					
CHICAGO, IL 60606								

#### **Signatures**

By: Margaret Austin Wright For: Sean Peter Tully	9/18/2018
** 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.