FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. 20549 |
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| Check this box if no longer subject | STA |
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| to Section 16. Form 4 or Form 5 | |
| obligations may continue. See | |
| Instruction 1(b). | |

TEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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* SHEPARD WILLIAM R | | | | | 2. Issuer Name and Ticker or Trading Symbol CME GROUP INC. [CME] | | | | | | | | | | ationship k all app Direc | , | ng Per | rson(s) to Is | |
|---|--|--|-------------|---|---|---|--|--------------------------------------|--------------|--|---------------------|--|-----------------------------|----------------|---|--|-----------------------------|--|--|
| (Last) | (Fi | rst) (I | Middl | e) | | 3. Date of Earliest Transaction (Month/Day/Year) 12/28/2022 | | | | | | | | | Office below | er (give title v) | | Other (s below) | specify |
| (Street) 20 S. WACKER IL 60606 | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) 01/20/2023 | | | | | | | | Line) | Individual or Joint/Group Filing (Check Applicable le) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (St | ate) (2 | Zip) | | | | | | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| Date | | | | 2. Transaction Date (Month/Day/Ye | Execution Date, | | T | 3. Transacti Code (Ins | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 ar | | | Beneficially Owned Follo | | ies cially Following | Forn (D) o Indir | n: Direct or rect (I) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | G | Code | v | Amount | (A) o (D) | Price |) | Reporte Transa (Instr. 3 | action(s) 3 and 4) | | r. 4) | (Instr. 4) | | | |
| Common Stock Class A 12/28/2 | | | | 12/28/202 | 2 | | | | P | | 12.757(1) | A | \$16 | 8.11 | 2,1 | ,157.288 | | D | |
| Common Stock Class A 12/28/ | | | 12/28/202 | 2 | | | | P | | 289.366(1) | A | \$16 | 8.11 | 248, | 8,132.061 | | I | by Trust | |
| Common Stock Class A 01/18/2023 | | | | 3 | | | | P | | 54.839(1) | A | \$17 | \$175.98 | | 3 2,212.127 | | D | | |
| Common Stock Class A 01/18/202. | | | | 3 | | | | P | | 1,243.923(1) | A | \$17 | 5.98 | 249,570.676(2) | | | I | by Trust | |
| | | Tal | ble | II - Derivati (e.g., pu | | | | | | | posed of, convertib | | | | Owne | d | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | Exe if a | Deemed scution Date, ny nnth/Day/Year) | | action (Instr. | 5. Nur of Deriva Secur Acqui (A) or Dispo of (D) (Instr. and 5) | ative ities red sed 3, 4 | Exp (Mo | oiration onth/Da | y/Year) Expiration | 7. Title and Amount of Securities Underlying Derivative Security (Insti 3 and 4) Amoun or Numbe of Title Shares | | De Se (In: | Price of rivative curity str. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | , | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |

Explanation of Responses:

- 1. Reflects shares that were acquired pursuant to a dividend reinvestment plan administered by the reporting person's broker.
- 2. This Form 4/A is being filed solely to correct the number of securities held indirectly following this purchase.

Remarks:

By: Margaret Austin Wright For: William R. Shepard

03/29/2023

** 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.