FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPRO	OVAL							
	OMB Number:	3235-0287							
l	Estimated average burden								
l	hours per response:	0.5							

	Check this box if no longer subject to								
\neg	Section 16. Form 4 or Form 5								
J	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* Suskind Dennis						2. Issuer Name and Ticker or Trading Symbol CME GROUP INC. [CME]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Ouskiii	<u>i Deiiiis</u>				1										X Dir	ector		10% O	wner	
(Last) (First) (Middle) 20 S. WACKER DRIVE						3. Date of Earliest Transaction (Month/Day/Year) 06/26/2017										cer (give title ow)	e Other below		specify	
						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable					
(Street)														Li	V Form filed by One Benerting Person					
CHICAG	O IL	IL 60606													orm filed by One Reporting Person orm filed by More than One Reporting					
																Person				
(City)	(St	ate) (.	Zip)																	
		Tabl	e I - Non	-Deriva	ative	Sec	curitie	s Acc	quired,	Disp	osed o	f, or	Bene	eficia	ally Owr	ed				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)						Execution Date			3. Transaction Code (Instr. 8) 4. Securities Acq Disposed Of (D) (5)					nd Secu Bene	nount of rities ficially ed Following	Forr (D)	wnership m: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
										v	Amount	() ()	A) or D)	Price	Tran	saction(s) :. 3 and 4)			(1130.4)	
Common Stock Class A 06/26/						/2017			A ⁽¹⁾		809		A	\$0	0.0 5,809			D		
		Та	ble II - D (e								sed of, onvertib				y Owne	t				
1. Title of Derivative Security (Instr. 3)	tive Conversion Date ty or Exercise (Month/Day/Year) Execution Date, if any			Date,	4. Transaction Code (Instr. 8)		of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		ount	8. Price of Derivative Security (Instr. 5)		,	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Exercisab		Date	Title	Sha	res						

Explanation of Responses:

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

By: Margaret Austin Wright For: Dennis Suskind

06/27/2017

** 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.