FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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| | | |

| Check this box if no longer subject to |
|--|
| Section 16. Form 4 or Form 5 |
| obligations may continue. See |
| Instruction 1(h) |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPRO | OVAL |
|------------------------|-----------|
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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* <u>Holzrichter Julie</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol CME GROUP INC. [CME] | | | | | | | | | | | all applic Directo | or | | 10% Ov | vner | |
|---|--|--|--|---|---|---|----------------|---|--------|---|---|-----------|--|---------------------------------|-------|--|--|---|--|--|--|--|
| (Last) 20 S. WA | (Fi ACKER DR | , | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 09/15/2011 | | | | | | | | | | X Officer (give title below) MD Global Operations | | | | | specify | |
| (Street) CHICAC | | tate) | 60606 (Zip) | Dowin | - | If Amendment, Date of Original Filed (Month/Day/Year) tive Securities Acquired, Disposed of, or Benefice | | | | | | | | | Liı | Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| 1 Title of (| Saarreiter (1:aa) | | ie i - Nor | 1 | | _ | | | cqu | | JISP | | | | | шу | 5. Amou | | 6.00 | vnership | 7. Nature | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/L | | | | ction 2A. Deemed Execution Date ay/Year) if any (Month/Day/Yea | | | <i>'</i> | e, Transaction Dispose Code (Instr. 5) | | | rities Acquired (A) o ed Of (D) (Instr. 3, 4 a | | | and Securition Benefici Owned I | | es F ially (I Following (I | | n: Direct r Indirect istr. 4) | of Indirect Beneficial Ownership | | | |
| | | | | | | | | | | Code | v | Amount | nt (A) (D) | | Price | | Reported Transact (Instr. 3 a | tion(s) | | | (Instr. 4) | |
| Common | Stock Class | s A | | 09/1 | 5/201 | 2011 | | | A | | 744 | | A | \$(|) | 2,388 | | | D | | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Day | Date, | 1. Transaction Code (Instr. 3) | | n of | | Exp | 6. Date Exercisal Expiration Date (Month/Day/Year | | | 7. Title and Amount of Securities Underlying Derivative Sect (Instr. 3 and 4) | | | D | Price of erivative ecurity 1str. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4) | e s ally g | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | xpiration ate | or Nu of | | Numbei | | | | | | | | | | | | | |
| Non- Qualified Stock Option (right to | \$271.86 | 09/15/2011 | | | A | | 916 | | 09/ | 15/2012 ⁽¹ | 09 | 9/15/2021 | Comn Stoc Class | k | 916 | | \$0 | 916 | | D | | |

Explanation of Responses:

1. These options were granted on September 15, 2011. They vest over a four-year period, with 25% vesting one year after the grant date and 25% vesting on that same date in each of the following three years, subject to acceleration or termination in certain circumstances.

By: Margaret Austin Wright
For: Julia Holzichter

For: Julie Holzichter

09/19/2011

** 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.