## FORM 5

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington,	D.C.	20549

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL
OWNERSHIP

OMB APPROVAL							
OMB Number: 3235-0362							
Estimated average burden							
hours nor recogness	. 10						

Checl	this box if no lo	nger subject			V	vasnin	gion, L	J.C. 205	149						OME	3 APPR	OVAL	
to Sec obliga Instru	Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).  ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP									IAL	OMB Number: 3235-0362 Estimated average burden hours per response: 1.0							
Form	3 Holdings Rep	orted.																
Form	4 Transactions I	Reported.	Filed	I pursuant to S or Section 3								134						
1. Name and Address of Reporting Person*					2. Issuer Name <b>and</b> Ticker or Trading Symbol  CME GROUP INC. [ CME ]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
SIEGE	<u>EL HOWA</u>	<u>RD J</u>		CIVIL O	KOC	<u> </u>	<u> </u>	[ CMI	. ]			`	X Director 10% Own			Owner		
(Last)	(Fir	st) (	Middle)	3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2021						)	Office	er (give tit v)	le	Other belov	r (specify v)			
20 S. W	ACKER DR	IVE										_						
(Ctro at)				4. If Amend	ment,	Date o	of Origi	inal File	d (Month	Day/Ye	ear)		5. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) CHICA	GO IL		50606										X Form filed by One Reporting Person					
-														rm filed by More than One Reporting				
(City)	(Sta	ate) (	Zip)															
		Table	e I - Non-Deriva	tive Secu	rities	Acc	quire	d, Dis	posed	of, o	r Ber	eficia	ally Own	ed				
Date		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr.					isposed	5. Amount of Securities Beneficially Owned at end o		Ownership I Form: Direct I		7. Nature of Indirect Beneficial			
				(Month/Day/16	ar) (	8)		Amoun	t	(A) or (D)	) or Price		Issuer's	uer's Fiscal ar (Instr. 3 and			Ownership (Instr. 4)	
Common	ı Stock Clas	s A	12/31/2021			J		31,	873	D		\$ <mark>0</mark>	60 43,112 <sup>(1)</sup> D			D		
Common	ı Stock Clas	s A	12/31/2021			A		31,	873	A		\$ <mark>0</mark>	31,8	873 <sup>(1)</sup> I		I l	by Trust	
		Та	ble II - Derivat (e.g., pu	ive Securi its, calls, v										d	,			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	on of Expiration Date (Month/Day/Year) Securities Acquired (A) or Securities Securities Acquired (A) or Securities Securities Acquired (A) or Securities Securities Securities Securities Acquired (B) or Securities Securit				Title an nount of curities derlyin rivative curity ( and 4)	f s g	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownersh Form: Direct (D) or Indirec (I) (Instr.	Beneficial Ownership t (Instr. 4)			
					(A) (D) Date Expiration Date Title		or	nount mber										

## **Explanation of Responses:**

1. This Form 5 is being filed to reflect the correct allocation of Mr. Siegel's shares that are held directly and indirectly as of December 31, 2021, which were incorrectly reflected on his prior filings.

## Remarks:

By: Margaret Austin Wright For: Howard J. Siegel

02/14/2022

\*\* 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.