SEC Form 4

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

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

| to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). | Filed pursuant to Section 16(a) of the Securities Exchange Act of 19 or Section 30(h) of the Investment Company Act of 1940 | Estimated average burden hours per response: 0.5 |
|---|--|---|
| 1. Name and Address of Reporting Person [*] Holzrichter Julie | 2. Issuer Name and Ticker or Trading Symbol <u>CME GROUP INC.</u> [CME] | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner |
| (Last) (First) (Midd 20 S. WACKER DRIVE | 3. Date of Earliest Transaction (Month/Day/Year) 03/15/2021 | X Onler (give nue onler (specify below) below) Sr MD Chief Operating Officer |
| (Street) CHICAGO IL 6060 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting |
| (City) (State) (Zip) | | Person |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) | | | | | 5. Amount of Securities Beneficially Owned Following | Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership |
|---------------------------------|--|---|---|---|--|---|----------|---|---|---|
| | | | Code | v | Amount (A) or (D) Price Reported Transaction(s) (Instr. 3 and 4) | | | (Instr. 4) | | |
| Common Stock Class A | 03/15/2021 | | A | | 8,460 ⁽¹⁾ | A | \$209.09 | 45,893 | D | |
| Common Stock Class A | 03/15/2021 | | F | | 3,414 ⁽²⁾ | D | \$209.09 | 42,479 | 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. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | 5. Nu of Deriv Secu Acqu (A) of Dispo of (D) (Instr and S | vative rities lired r osed) r. 3, 4 | Expiration Date (Month/Day/Year) ed ed | | Amount of Securities | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | Ownership Form: Direct (D) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

1. Represents shares earned from a 2017 performance share award based on the company's achievement of net income margin growth relative to the diversified financial services index of the S&P 500 and total shareholder return relative to the S&P 500 measured over 2018-2020.

2. Ms. Holzrichter surrendered shares to the Company in order to fulfill tax withholding obligations in connection with the receipt of the performance share award.

| <u>By: Margaret Austin Wright</u> For: Julie Holzrichter | <u>03/17/2021</u> | | |
|---|-------------------|--|--|
| | | | |

** 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.

Check this box if no longer subject \frown