FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL									
OMB Number:	3235-028								
F-4:41	hurdon								

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

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

37 Estimated average burden hours per response: 0.5

1. Name and Address of Reporting Person*  Corvino Robert F						2. Issuer Name <b>and</b> Ticker or Trading Symbol  CME GROUP INC. [ CME ]									5. Relationship of Reporting Person(s) to I (Check all applicable)  X Director 10% (						
(Last) 20 S. WA	(Last) (First) (Middle) 20 S. WACKER DRIVE				3. Date of Earliest Transaction (Month/Day/Year) 02/22/2010										Office	icer (give title ow)		Other (specify below)			
(Street) CHICAG			50606 Zip)		4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									i. Indiv ine) X	ividual or Joint/Group Filing (Check Applicable  Form filed by One Reporting Person  Form filed by More than One Reporting  Person					
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																					
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da					Execution Date,		Transaction Disposed Code (Instr.			ties Acquired (A) o I Of (D) (Instr. 3, 4			l and 5) Sed Bed Ow		ecurities eneficially		nership : Direct · Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
										v	Amount		(A) or (D) Prio			Transaction(s) (Instr. 3 and 4)				(11150.4)	
Common	Stock Class	s A		02/22	/2010				S		250		D	\$289	9.27	3,7	751.125	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. Deen Execution if any (Month/D	n Date,	4. Transa Code ( 8)	Instr.	Acqu (A) or Dispo of (D) (Instr and 5	ative rities ired osed	6. Date Expirat (Month	ion Da /Day/Y	Expiration	Ar Se Ur De Se an	or Nu of	nstr. 3			9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Or Fo Di or (I)	). wnership orm: irect (D) · Indirect (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	

**Explanation of Responses:** 

By: Margaret C. Austin For: Robert F. Corvino

02/23/2010

\*\* 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.