FORM 4

Check this box if no longer subject Section 16. Form 4 or Form 5

obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington D.C. 20549

| wasiiiigtoii, | D.C. | 20349 | |
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| to | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP |
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OMB APPROVAL

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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>Donaldson James A</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol CME GROUP INC. [CME] | | | | | | | | | elationshi eck all app X Direc | , | , | o Issuer % Owner |
|---|--|--|-----------------------------|---------|-----------------|---|--------------------------------|--|--|-------|--------------------|-------------------|------------------------|---|---|---|------------------------------------|---------------------|
| (Last) 20 SOUT | (Fir | , | Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 07/12/2007 | | | | | | | | | Offic below | er (give title w) | | ner (specify ow) |
| (Street) CHICAG (City) | | | 50606 Zip) | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | Line | e) <mark>X</mark> Forn Forn | | | | |
| | | Tabl | e I - No | n-Deriv | ative | Sec | curitie | s Ac | quired, | , Dis | posed o | f, or | Bene | ficial | ly Own | ed | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | Execution Date, | | 3. Transaction Code (Instr. 8) | | | | | 5) Secur Benef | icially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | of Indirect | | | |
| | | | | | | | | | | v | Amount | | A) or D) | Price | Trans | action(s) 3 and 4) | | (111341. 4) |
| Common Stock Class A 07/12 | | | 07/12 | /2007 | 2007 | | A | | 10,549.125 A | | Α | (1) | 10,549.125 | | D | | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | |
| Derivative Conversion Date | | 3. Transaction Date (Month/Day/Year) | Execution Date,) if any | | | ransaction of ode (Instr. Derivativ | | rative rities ired r osed) | 6. Date Exercis Expiration Date (Month/Day/Yea | | e Amount of | | tr. 3 | . Price of Perivative Security Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownersh Form: Direct (D or Indire (I) (Instr. | Beneficial Ownership ct (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | able | Expiration Date | Title | Num of Shar | | | | | |

Explanation of Responses:

1. Received in exchange for shares of CBOT Holdings, Inc. ("CBOT Holdings") Class A common stock in connection with the merger (the "Merger") of CBOT Holdings with and into Chicago Mercantile Exchange Holdings Inc. ("CME Holdings"). Pursuant to the terms of the agreement governing the Merger, at the effective time of the Merger, each share of CBOT Holdings Class A common stock was converted into the right to receive 0.3750 shares of CME Holdings Class A common stock. The effective time of the Merger occured before the markets opened on July 13, 2007. The closing price on the trading day prior to the effective time of the Merger was \$580.05 for CME Holdings Class A common stock and \$227.50 for CBOT Holdings Class A common stock. Immediately prior to the effective time of the Merger, Mr. Donaldson held 28,131 shares of CBOT Holdings Class A common stock.

Remarks:

/s/ Margaret C. Austin For: James A. Donaldson

07/16/2007

** 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.