FORM 4

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

Washington, D.C. 20549

OMB APPROVAL

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

## 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

1. Name and Address of Reporting Person* <u>GEPSMAN MARTIN J</u>						2. Issuer Name and Ticker or Trading Symbol  CME GROUP INC. [ CME ]									heck all ap	ionship of Reporting I all applicable) Director		Person(s) to Issuer  10% Owner	
(Last) 20 S. WA	(Fii		3. Date of Earliest Transaction (Month/Day/Year) 07/29/2016									Offi belo	cer (give title ow)		Other (specify below)				
(Street) CHICAG (City)			50606 Zip)		4. If	4. If Amendment, Date of Original Filed (Month/Day.								6. Lir	ne) X For For	or Joint/Group m filed by One m filed by Mor son	e Reporting	) Pers	on
		Tabl	e I - Noi	n-Deriv	ative	Se	curitie	s Acc	quired,	Dis	posed o	f, or	Bene	eficia	lly Own	ed			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)					Execution Date,			3. Transa Code ( 8)						d Secu Bene Own	nount of rities ficially ed Following	Form: Dire (D) or Indi	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A (D	) or )	Price	Trans	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)
Common Stock Class A 07/29/2					/2016	2016		S		500		D	\$102	2.6	43,102	D			
		Та									sed of, onvertib				Owned	i			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/Da	Date,	4. Transactic Code (Ins 8)		on of		Expiratio (Month/D	6. Date Exercisable and Expiration Date (Month/Day/Year)			or Nun	str. 3	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	of Sha	res					

Explanation of Responses:

By: Margaret Austin Wright For: Martin J. Gepsman

08/02/2016

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).