FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| ı | OIVID APPROVAL | | | | | | | | | |
|---|-------------------------|-----------|--|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | | | |
| l | Estimated average burde | en | | | | | | | | |
| ı | 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).

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* GILL PHUPINDER | | | | | | 2. Issuer Name and Ticker or Trading Symbol CME GROUP INC. [CME] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | | | |
|--|--|--|--|-------|---|--|--------|--|-------------|--|----------|--|--|--|---|---|---|--|--|--|--|--|
| (Last) 20 S. WA | (Last) (First) (Middle) 20 S. WACKER DRIVE | | | | | | | iest Tran | ion (Mont | h/D | ay/Year) | | X | CEO Officer (give title below) Other (specify below) | | | | pecify | | | | |
| (Street) CHICAGO IL 60606 (City) (State) (Zip) | | | | | 4. 1 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Indiv Line) X | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | | ear) i | Execut | A. Deemed execution Date, any Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 | | | | | es For ally (D) Following (I) (I | | : Direct I r Indirect I str. 4) (| 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | | Code V | | Amount | (A) or (D) Pri | | се | Reported Transact (Instr. 3 a | ion(s) | | [| (instr. 4) | | |
| Common Stock Class A 06/02/ | | | | | | | 2014 | | | М | Ì | 49,000 | 9,000 A | | 25.4 | 166,101 | | | D | | | |
| Common | Stock Class | s A | | 06/0 | 2/201 | 4 | | | | S | | 49,000 | 1) D | \$7 | 71.66 | 117 | ,101 | D | | | | |
| | | | Table II - | | | | | | | | | sed of, onvertib | | | | wned | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Day | Date, | 4. Transaction Code (Instr. 8) | | | | Exp | Date Exerc Diration Da Donth/Day/Y | ate | | 7. Title and Amour of Securities Underlying Derivative Security (Instr. 3 and 4) | | 5 | . Price of Perivative Security Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4) | Own Forn Direc or In (I) (Ir | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exe | e ercisable | | Expiration Date | Title | Amo or Num of Shar | ber | | | | | | | |
| Non- Qualified Stock Option (right to | \$25.4 | 06/02/2014 | | | М | | | 49,000 | 06/1 | 14/2009 ⁽²⁾ | C | 06/14/2014 | Common Stock Class A | 49,0 | 000 | \$0.0 | 0 | | D | | | |

Explanation of Responses:

- 1. This sale was completed pursuant to the terms of a pre-arranged trading plan established in accordance with Rule 10b5-1.
- $2. \ On \ June \ 14, 2009, this \ option \ vested \ with \ respect \ to \ 100\% \ of \ the \ granted \ number \ of \ shares \ covered \ by \ the \ option.$

By: Margaret Austin Wright
For: Phupinder S. Gill

** Signature of Reporting Person Date

06/03/2014

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.