CME GROUP INC.

Form 4 June 27, 2014

#### FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES** 

obligations may continue. See Instruction

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1(b).

(Last)

1. Name and Address of Reporting Person \*

**MELAMED LEO** 

(Middle)

(First)

(Street)

20 S. WACKER DRIVE

CHICAGO, IL 60606

2. Issuer Name and Ticker or Trading Symbol

CME GROUP INC. [CME]

3. Date of Earliest Transaction (Month/Day/Year)

06/25/2014

4. If Amendment, Date Original

Filed(Month/Day/Year)

OMB

Number:

Expires:

response...

Estimated average

burden hours per

**OMB APPROVAL** 

3235-0287

January 31,

2005

0.5

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

X\_ Director 10% Owner Officer (give title Other (specify

below)

6. Individual or Joint/Group Filing(Check Applicable Line)

\_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

Person

(City) (State) (Zip)

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

1.Title of 2. Transaction Date 2A. Deemed Security (Month/Day/Year) Execution Date, if (Instr. 3)

Code (Month/Day/Year) (Instr. 8)

TransactionAcquired (A) or Disposed of (D) (Instr. 3, 4 and 5) 5. Amount of Securities Beneficially Owned Following Reported

6. Ownership 7. Nature of Form: Direct Indirect (D) or Beneficial Indirect (I) Ownership (Instr. 4) (Instr. 4)

Transaction(s) (Instr. 3 and 4)

or Code V Amount (D) Price

4. Securities

Common

Stock Class 06/25/2014 A

 $A^{(1)}$ 1,062

Α

(A)

\$0 14,558 D

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

Persons who respond to the collection of **SEC 1474** information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

#### Edgar Filing: CME GROUP INC. - Form 4

| 1. Title o | of 2.         | 3. Transaction Date | 3A. Deemed         | 4.         | 5.         | 6. Date Exer        | cisable and        | 7. Title | e and    | 8. Price of | 9. Nu  |
|------------|---------------|---------------------|--------------------|------------|------------|---------------------|--------------------|----------|----------|-------------|--------|
| Derivativ  | ve Conversion | (Month/Day/Year)    | Execution Date, if | Transacti  | onNumber   | Expiration D        | ate                | Amou     | nt of    | Derivative  | Deriv  |
| Security   | or Exercise   |                     | any                | Code       | of         | (Month/Day/         | Year)              | Under    | lying    | Security    | Secui  |
| (Instr. 3) | Price of      |                     | (Month/Day/Year)   | (Instr. 8) | Derivativ  | e                   |                    | Securi   | ties     | (Instr. 5)  | Bene   |
|            | Derivative    |                     | •                  |            | Securities |                     |                    | (Instr.  | 3 and 4) |             | Own    |
|            | Security      |                     |                    |            | Acquired   |                     |                    |          |          |             | Follo  |
|            | •             |                     |                    |            | (A) or     |                     |                    |          |          |             | Repo   |
|            |               |                     |                    |            | Disposed   |                     |                    |          |          |             | Trans  |
|            |               |                     |                    |            | of (D)     |                     |                    |          |          |             | (Instr |
|            |               |                     |                    |            | (Instr. 3, |                     |                    |          |          |             | `      |
|            |               |                     |                    |            | 4, and 5)  |                     |                    |          |          |             |        |
|            |               |                     |                    |            | , ,        |                     |                    |          |          |             |        |
|            |               |                     |                    |            |            |                     |                    |          | Amount   |             |        |
|            |               |                     |                    |            |            | Date<br>Exercisable | Expiration<br>Date |          |          |             |        |
|            |               |                     |                    |            |            |                     |                    |          | Number   |             |        |
|            |               |                     |                    |            |            |                     |                    |          | of       |             |        |
|            |               |                     |                    | Code V     | (A) (D)    |                     |                    |          | Shares   |             |        |

### **Reporting Owners**

| Reporting Owner Name / Address                         | Relationships |           |         |       |  |  |  |
|--|---------------|-----------|---------|-------|--|--|--|
|  | Director      | 10% Owner | Officer | Other |  |  |  |
| MELAMED LEO<br>20 S. WACKER DRIVE<br>CHICAGO, IL 60606 | X             |           |         |       |  |  |  |

## **Signatures**

By: Margaret Austin Wright For: Leo
Melamed
06/27/2014

\*\*Signature of Reporting Person Date

#### **Explanation of Responses:**

- \* 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).
- (1) Granted pursuant to the CME Group Director Stock Plan, as amended and restated.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

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