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CME CDOUD INC

CME GROU	P INC.										
Form 4											
June 04, 201	5										
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION									OMB APPROVAL		
	UNITED	STATES		AITIES A Shington,			NGE (COMMISSION	OMB Number:	3235-0287	
Check the if no long									Expires:	January 31,	
subject to Section 1	5 STATEM	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OI SECURITIES							Expires. 2005 Estimated average burden hours per		
Form 4 or									response	0.5	
Form 5	They pursuant to section 10(a) of the securities Exchange Act of 17.						e Act of 1934,				
obligation may cont	Nection 1713	a) of the P	Public Ut	ility Hold	ling Con	npan	y Act of	1935 or Section	1		
<i>See</i> Instru 1(b).		30(h) o	of the In	vestment	Compan	y Ac	t of 194	0			
(Print or Type F	Responses)										
1. Name and Address of Reporting Person <u>2.</u> 1				Issuer Name and Ticker or Trading				5. Relationship of Reporting Person(s) to			
CRONIN KATHLEEN M			Symbol					Issuer			
		CME GROUP INC. [CME]					(Check all applicable)				
(Last)	(First) (N	ŕ		Earliest Tr	ansaction					, 	
				Month/Day/Year)				Director 10% Owner X Officer (give title Other (specify			
20 S. WACKER DRIVE 06/			06/03/20	06/03/2015				below) below)			
								Sr MD Gen	Counsel & Co	rp Secr	
	(Street)			ndment, Da	-	1		6. Individual or Jo	int/Group Filin	g(Check	
			Filed(Mon	th/Day/Year)			Applicable Line)	na Paparting Pa	reon	
CHICAGO, IL 60606								_X_ Form filed by One Reporting Person Form filed by More than One Reporting			
								Person			
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of	2. Transaction Date			3.	4. Securi			5. Amount of	6. Ownership		
Security (Instr. 3)	(Month/Day/Year)	Execution	Date, if	Transactio Code	on(A) or Di (Instr. 3,	-		Securities Beneficially	Form: Direct (D) or	Indirect Beneficial	
(IIIsu: 5)		any (Month/D	ay/Year)	(Instr. 8)	(11150.5,	4 anu	5)	Owned	Indirect (I)	Ownership	
			•					Following	(Instr. 4)	(Instr. 4)	
						(A)		Reported Transaction(s)			
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Common				Code v	Amount	(D)					
	06/03/2015			М	2,000	А	\$ 50.20	19,685	D		
А							50.39				
Common					2,000						
Stock Class	06/03/2015			S	2,000 (1)	D	\$ 95	17,685	D		
А					_						

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

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 control number.

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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. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. Number prof Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisab Expiration Date (Month/Day/Year		7. Title and A Underlying S (Instr. 3 and	Seci
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Ai or Ni of Sh
Non-Qualified Stock Option (right to buy)	\$ 50.39	06/03/2015		М	2,000	06/15/2010 <u>(2)</u>	06/15/2015	Common Stock Class A	2

Reporting Owners

Reporting Owner Name / Address	ddress Relationships							
	Director 10% Owner		Officer	Other				
CRONIN KATHLEEN M 20 S. WACKER DRIVE CHICAGO, IL 60606			Sr MD Gen Counsel & Corp Secr					
Signatures								
By: Margaret Austin Wright Fo Cronin	or: Kathle	en Marie	06/04/2015					
<u>**</u> Signature of Reportin	g Person		Date					
Evalenation of De		~~~						

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) This sale was completed pursuant to the terms of a pre-arranged trading plan established in accordance with Rule 10b5-1.

(2) As of 6/15/2010, this option vested with respect to 100% of the granted number of shares covered by the option.

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.