CME GROUP INC.

Form 4

March 17, 2016

# FORM 4

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

OMB

3235-0287 Number: January 31,

**OMB APPROVAL** 

Expires: 2005 Estimated average

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Form filed by More than One Reporting

Person

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

obligations

**SECURITIES** 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

may continue. See Instruction

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person \* 5. Relationship of Reporting Person(s) to 2. Issuer Name and Ticker or Trading Durkin Bryan T Issuer Symbol CME GROUP INC. [CME] (Check all applicable) (Last) (First) (Middle) 3. Date of Earliest Transaction (Month/Day/Year) Director 10% Owner \_X\_\_ Officer (give title \_ Other (specify 20 S. WACKER DRIVE 03/15/2016 below) Sr MD Chief Commercial Officer (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Filing(Check Filed(Month/Day/Year) Applicable Line) \_X\_ Form filed by One Reporting Person

CHICAGO, IL 60606

(City)	(State)	(Zip) Tabl	e I - Non-D	Derivative	Securi	ities Acqu	iired, Disposed of	, or Beneficiall	y Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transactic Code (Instr. 8)	on(A) or Di	. Securities Acquired A) or Disposed of (D) Instr. 3, 4 and 5)  (A) or Amount (D) Price		Beneficially Form: I Owned (D) or Following Indirect	Ownership Form: Direct	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common Stock Class A	03/15/2016		F	8,513 (1)	, ,	\$ 96.71	47,153	D	
Common Stock Class A	03/15/2016		A	17,828 (2)	A	\$ 0	64,981	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.

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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	2. Conversion	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if	4. Transacti	5. orNumber	6. Date Exerc Expiration D		7. Title Amount		8. Price of Derivative	9. Nu Deriv
Security or (Instr. 3) Pr		or Exercise Price of Derivative Security	(Month Day Teal)	any (Month/Day/Year)	Code (Instr. 8)	of	(Month/Day/Year) we es d		Underlyi Securitie (Instr. 3	ying ies	Security (Instr. 5)	Secur Bene Owne Follo Repo Trans (Instr
					Code V	(A) (D)	Date Exercisable	Expiration Date	Title N	Amount or Number of Shares		

# **Reporting Owners**

Relationships Reporting Owner Name / Address

> Other Director 10% Owner Officer

Durkin Bryan T 20 S. WACKER DRIVE

Sr MD Chief Commercial Officer

CHICAGO, IL 60606

### **Signatures**

By: Margaret Austin Wright For: Bryan 03/17/2016 Durkin

> \*\*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).
- Mr. Durkin surrendered shares to the Company in order to fulfill tax withholding obligations upon the vesting of restricted stock on (1) 3/15/2016.
- Represents shares earned from a 2012 performance share award based upon the company's achievement of cash earnings per share growth and total shareholder return relative to the S&P 500 measured over 2013-2015.

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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