CME GROUP INC.

Form 4 May 30, 2008

## FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

Section 17(a) of the Public Utility Holding Company Act of 1935 or Section

**OMB APPROVAL** OMB

3235-0287 Number:

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burden hours per response... 0.5

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

**SECURITIES** Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations

may continue. See Instruction

30(h) of the Investment Company Act of 1940

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person \*

2. Issuer Name and Ticker or Trading **MELAMED LEO** Issuer Symbol CME GROUP INC. [CME] (Check all applicable) (First) (Middle) (Last) 3. Date of Earliest Transaction (Month/Day/Year) X\_ Director 10% Owner Other (specify Officer (give title 20 S. WACKER DRIVE 05/28/2008 below) 6. Individual or Joint/Group Filing(Check

(Street) 4. If Amendment, Date Original Filed(Month/Day/Year)

Applicable Line) \_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

5. Relationship of Reporting Person(s) to

CHICAGO, IL 60606

Class A

(City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 1.Title of 2. Transaction Date 2A. Deemed 4. Securities Acquired 5. Amount of 7. Nature of Security (Month/Day/Year) Execution Date, if Transaction(A) or Disposed of (D) Securities Ownership Indirect (Instr. 3) Code (Instr. 3, 4 and 5) Beneficially Form: Direct Beneficial (Month/Day/Year) (Instr. 8) Owned (D) or Ownership Following Indirect (I) (Instr. 4) Reported (Instr. 4) (A) Transaction(s) (Instr. 3 and 4) Code V Amount (D) Price Common Stock S 05/28/2008 2,000 D 1,466 D 428.06

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.

Person

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 of | 2.          | 3. Transaction Date |                    | 4.         | 5.         | 6. Date Exerc       |                 | 7. Titl |          | 8. Price of | 9. Nu    |
|-------------|-------------|---------------------|--------------------|------------|------------|---------------------|-----------------|---------|----------|-------------|----------|
| Derivative  | Conversion  | (Month/Day/Year)    | Execution Date, if | Transacti  | orNumber   | Expiration D        | ate             | Amou    | ınt 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) | Derivative | e                   |                 | Securi  | ities    | (Instr. 5)  | Bene     |
|             | Derivative  |                     | •                  |            | Securities | 3                   |                 | (Instr. | 3 and 4) |             | Owne     |
|             | Security    |                     |                    |            | Acquired   |                     |                 |         |          |             | Follo    |
|             |             |                     |                    |            | (A) or     |                     |                 |         |          |             | Repo     |
|             |             |                     |                    |            | Disposed   |                     |                 |         |          |             | Trans    |
|             |             |                     |                    |            | of (D)     |                     |                 |         |          |             | (Instr   |
|             |             |                     |                    |            | (Instr. 3, |                     |                 |         |          |             | (2.11541 |
|             |             |                     |                    |            | 4, and 5)  |                     |                 |         |          |             |          |
|             |             |                     |                    |            | i, and 3)  |                     |                 |         |          |             |          |
|             |             |                     |                    |            |            |                     |                 |         | Amount   |             |          |
|             |             |                     |                    |            |            | Data                | Evaluation      |         | or       |             |          |
|             |             |                     |                    |            |            | Date<br>Exercisable | Expiration Date | 1 itie  | Number   |             |          |
|             |             |                     |                    |            |            |                     |                 |         | of       |             |          |
|             |             |                     |                    | Code V     | (A) (D)    |                     |                 |         | Shares   |             |          |

# **Reporting Owners**

| Reporting Owner Name / Address   | Relationships |           |         |       |  |  |  |
|--|---------------|-----------|---------|-------|--|--|--|
| Transfer and the same and the s | Director      | 10% Owner | Officer | Other |  |  |  |
| MELAMED LEO  |               |           |         |       |  |  |  |
| 20 S. WACKER DRIVE   | X             |           |         |       |  |  |  |
| CHICAGO, IL 60606  |               |           |         |       |  |  |  |

## **Signatures**

By: Margaret C. Austin For: Leo 05/30/2008 Melamed

\*\*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).

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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