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

CME CDOUD INC

CME GROU	P INC.										
Form 4											
June 18, 2008	3										
FORM	4									PPROVAL	
<b>CONVIA</b> UNITED STATES SECURITIES AND EXCHANGE COMMISSION									OMB	3235-0287	
Charala this	- <b>1</b>		Was	hington,	D.C. 205	549			Number:		
if no long	Check this box								Expires:	January 31,	
subject to						CIA	LOW	NERSHIP OF	Estimated	2005 average	
	Section 16.				ITIES				burden hou		
Form 4 or Form 5			~ • •						response	. 0.5	
obligation	~ ^							ge Act of 1934,			
may conti				•	•	• •		f 1935 or Sectio	n		
See Instru	ction	30(h)	of the Inv	vestment (	Company	Act	of 19	40			
1(b).											
(Print or Type R	esponses)										
(Thit of Type It	esponses										
1. Name and Ad	dress of Reporting	Person *	2 Issuer	Name and '	Ticker or T	Fradin	σ	5. Relationship of	f Reporting Per	rson(s) to	
TAYLOR K		-	Symbol	ssuer Name <b>and</b> Ticker or Trading				Issuer			
			-	ROUP IN	C. ICMF	3					
(Least)	(First)	Middle)			-	.1		(Chec	ck all applicabl	e)	
(Last)	(First) (1	vildule)		Earliest Tra	insaction			Director	100	% Owner	
				Aonth/Day/Year) 6/16/2008				X Officer (give title Other (specify			
			00,10,20	,00				below)	below)	Hausa	
									sident Clearing		
				Amendment, Date Original				6. Individual or Joint/Group Filing(Check			
Filed(M				d(Month/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person			
CHICAGO	II 60606							Form filed by N			
CHICAGO,	IL 00000							Person			
(City)	(State)	(Zip)	Table	e I - Non-De	erivative S	ecuri	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned	
1.Title of	2. Transaction Dat	e 2A. De	emed	3.	4. Securi	ties		5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Year)		on Date, if	Transactio			r	Securities	Form: Direct	Indirect	
(Instr. 3) any (Month/Day/Y				Code Disposed of (D)				Beneficially	(D) or	Beneficial	
			/Day/Year)	ay/Year) (Instr. 8) (Instr. 3, 4 and 5)			Owned		Ownership		
								Following Reported	(Instr. 4)	(Instr. 4)	
						(A)		Transaction(s)			
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Common					7 mount		11100				
Stock Class	06/16/2008			А	285	А	\$0	6,902	D		
A							÷ Ū	- )			

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.

 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 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. Transactic Code (Instr. 8)	5. Number on f Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Ame Underlying Secu (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Ai or Ni of Sł
Non-Qualified Stock Option (right to buy)	\$ 419.41	06/16/2008		А	1,625	06/16/2009 <u>(1)</u>	06/16/2018	Common Stock Class A	1

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
1	Director	10% Owner	Officer	Other			
TAYLOR KIMBERLY S 20 S. WACKER DRIVE CHICAGO, IL 60606			MD & President Clearing House				
Signatures							
By: Margaret C. Austin For: Kimberly Taylor		06/18/2008					
<b>**</b> Signature of Reporting Persor	ı		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) These options were granted on June 16, 2008. They vest over a five-year period, with 20% vesting one year after the grant date and 20% vesting on that same date in each of the following four years, subject to acceleration or termination in certain circumstances.

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.