CME GROUP INC. Form 3 August 16, 2007 UNITED STATES SECURITIES AND EXCHANGE COMMISSION OMB APPROVAL FORM 3 Washington, D.C. 20549 OMB Number:

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF 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

(Print or Type Responses)

1. Name and Address of Reporting Person <u>*</u> Holzrichter Julie			2. Date of Event Requiring Statement (Month/Day/Year)	3. Issuer Name and Ticker or Trading Symbol CME GROUP INC. [CME]						
(Last)	(First)	(Middle)	08/08/2007	4. Relationship of Reporting Person(s) to Issuer			5. If Amendment, Date Original Filed(Month/Day/Year)			
20 S. WACH	KER DRIVI	E								
(Street)			(Check all applicable) Director 10% Owner Officer Other (give title below) (specify below) MD Operations			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person				
CHICAGO, IL 60606										
(City)	(State)	(Zip)	Table I - N	Non-Derivati	ive Securi	ties Be	eneficially Owned			
1.Title of Secur (Instr. 4)	rity		2. Amount o Beneficially (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		ture of Indirec ership . 5)	t Beneficial		
Reminder: Repower owned directly		te line for ea	ch class of securities benefic	ially SI	EC 1473 (7-0)2)				
Т	inform require curren	ation conta ed to respo tly valid O	pond to the collection of ained in this form are not ond unless the form displ MB control number. rities Beneficially Owned (<i>e</i>	t lays a	warrants. o	otions. d	convertible se	curities)		
			,	3 , 1				,		
1. Title of Deri (Instr. 4)	vative Securit	•	ion Date Secu	tle and Amount rities Underlyin vative Security r. 4)	ig Con	version kercise	5. Ownership Form of Derivative	6. Nature of Indirec Beneficial Ownership (Instr. 5)		

Date

Exercisable

Expiration

Title

Date

Derivative

Security

Amount or

Number of

Shares

Security:

Direct (D)

or Indirect

(Instr. 5)

(I)

3235-0104

January 31,

2005

0.5

Expires:

response...

Estimated average burden hours per

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Non-Qualified Stock Option (right to buy)	09/15/2007	09/15/2016	Common Stock Class A	485 <u>(1)</u>	\$ 453.75	D	Â
Non-Qualified Stock Option (right to buy)	03/15/2008	03/15/2017	Common Stock Class A	120 (2)	\$ 532.88	D	Â
Non-Qualified Stock Option (right to buy)	06/15/2008	06/15/2017	Common Stock Class A	860 <u>(3)</u>	\$ 552.7	D	Â

Reporting Owners

Reporting Owner Name / Address	Relationships					
1 8	Director	10% Owner	Officer	Other		
Holzrichter Julie 20 S. WACKER DRIVE CHICAGO, IL 60606	Â	Â	MD Operations	Â		
Signatures						
By: Margaret C. Austin For: Ju Holzrichter	lie	0	8/15/2007			

**Signature of Reporting Person

Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 5(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 September 15, 2006. 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.
- (2) These options were granted on March15, 2007. 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.
- (3) These options were granted on June 15, 2007. 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.