Edgar Filing: CME GROUP INC. - Form 4

Form 4	P INC.										
August 29, 20 FORM	4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB APPROVAL OMB 3235-028 Number:		
if no longe subject to Section 16 Form 4 or Form 5 obligation may contin <i>See</i> Instruct 1(b).	STATEMENT OF CHANGES IN 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							burden hou response	Estimated average burden hours per response 0.5		
(Print or Type R	esponses)										
Odom C C II Symbo CME			Symbol					5. Relationship of Reporting Person(s) to Issuer			
			CME GROUP INC. [CME]					(Check all applicable)			
20 S. WACKER DRIVE (Month/Da 08/27/20 (Street) 4. If Amer			ate of Earliest Transaction nth/Day/Year) 27/2007				X_ Director10% Owner Officer (give title below) Other (specify below)				
			nendment, Date Original Ionth/Day/Year)				 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person 				
CHICAGO, IL 60606									More than One Reporting		
(City)	(State)	(Zip)	Table	e I - Non-De	erivative S	Securi	ties Ac	quired, Disposed of	f, or Beneficial	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Da (Month/Day/Year	Transaction Date 2A. Deemed		3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5) (A)))	Securities Energically Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock Class	08/27/2007			Code V			Price	(Instr. 3 and 4)	D		
A A	08/27/2007			А	108 <u>(1)</u>	A	\$0	10,360.125	D		

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)

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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. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,		ate	7. Title Amou Under Securi (Instr.	nt of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
				Code V	4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Odom C C II 20 S. WACKER DRIVE CHICAGO, IL 60606	Х						
Signatures							
By: Margaret C. Austin For: C. Odom II	.C.	08/29/2007					
**Signature of Reporting Person		1	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).

In connection with the merger of CBOT Holdings Inc. with and into Chicago Mercantile Exchange Holdings Inc. (now named "CME Group"), the Board size was increased to 30 directors and this director was appointed to the Board pursuant to the merger effective as of

 Group), the Board size was increased to 50 directors and this director was appointed to the Board pursuant to the integer effective as of July 12, 2007. The grant represents the pro rata portion of the annual equity stipend as compensation for services as a Board member and was made under the 2005 Director Stock Plan.

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.