IntercontinentalExchange Group, Inc. Form 4 March 03, 2014

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FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION							OMB APPROVAL					
Washington, D.C. 20549								OMB Number:	3235-0287			
Check this if no longe subject to	statement of changes in Beneficial ownership of									January 31, 2005 average		
Section 16. Form 4 or				SECONTIES					burden hou			
Form 4 or Form 5 obligations may continue. See Instruction 1(b). 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 1(b).									0.0			
(Print or Type R	esponses)											
CRISP CHARLES R Symbol				r Name <b>and</b> Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer				
				continentalExchange Group, Inc.				(Check all applicable)				
(Last)	Last) (First) (Middle) 3. Date of (Month/Da			Earliest Transaction w/Year)				_X_ Director 10% Owner Officer (give title Other (specify				
2100 RIVEREDGE02/27/20PARKWAY, SUITE 50002/27/20				-				below)	below)			
	(Street) 4. If Amen Filed(Mont				e Original			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
ATLANTA,	GA 30328							Form filed by M Person	1 0			
(City)	(State) (2	Zip)	Table	I - Non-De	erivative S	ecurit	ties Aco	quired, Disposed of	f, or Beneficial	ly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deem Execution any (Month/D	Date, if	3. Transactio Code (Instr. 8) Code V	Disposed (Instr. 3,	(A) o of (D	)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common Stock	02/27/2014			A	837 <u>(1)</u>	, í	\$ 0	11,142 (2) (3)	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)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Under Secur	rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
CRISP CHARLES R 2100 RIVEREDGE PARKWAY SUITE 500 ATLANTA, GA 30328	Х						
Signatures							
/s/ Andrew J. Surdykowski, Attorney-in-fact	03/03/2014						
**Signature of Reporting Person		Da	te				

## **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) Represents restricted stock units. This award of restricted stock units vests on the one-year anniversary of the award date and may be settled only by delivery of shares of the Issuer's common stock, par value \$0.01 per share.
- The common stock number referred to in Table I is an aggregate number and represents 10,305 shares of common stock and 837(2) restricted stock units of the Issuer. The restricted stock units vest on the one-year anniversary of the grant date which is February 27,
- 2015.
   As previously reported, the reporting person also indirectly owns 2,000 shares that are beneficially owned directly by the reporting person displains handfinial summaries.
- (5) person's spouse for which the reporting person disclaims beneficial ownership.

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.