FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | |
| Estimated average burden | | | | | | | |
| hours per response: | 0.5 | | | | | | |

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person* FERGUSON T RITSON | | | | | 2. Issuer Name and Ticker or Trading Symbol CBRE GROUP, INC. [CBG] | | | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | | |
|--|--|------------------|------------|--------|--|---|--|------------------|--|--------------------|--|----------------|-------------------------------------|--|---|---|----------------|--|--|--|
| (Last) (First) (Middle) 201 KING OF PRUSSIA ROAD | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/20/2017 | | | | | | | | | Officer (g below) | give title C | | Other (s below) | specify | |
| SUITE 600 (Street) RADNOR PA 19087 | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Indiv | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| (City) | (State) | (Zi _l | | | | | | | | | | | | | | | | | | |
| | | Та | ble I - No | n-Deri | ivativ | e Se | curitie | s Acq | uired, l | Disp | osed of, | or l | Benefi | cially Ow | /ned | | | | | |
| Date | | | | | th/Day/Year) if | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | | | ties Acquired (A) or I Of (D) (Instr. 3, 4 an | | | 5. Amount of Securities Beneficially Owned Following Reported | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code | v | Amount | | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | |
| Class A Common Stock 12/2 | | | | | | 7 | A ⁽¹⁾ 31,236 A | | \$0.0000 | 119,447 | | | D | | | | | | | |
| | 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) | ive Conversion Date Execution Date, | | | ate, | Code (Instr. | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable Expiration Date (Month/Day/Year) | | te | Securities Und | | derlying curity | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported | i i illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | ode V (A) (D) | | Date Exercise | able | Expiration Date | Title | | Amount or Number of Shares | | Transaction(s) (Instr. 4) | | | | | |

Explanation of Responses:

1. Represents restricted stock units earned by the reporting person for the achievement of performance goals. Each restricted stock unit represents the contingent right to receive, upon vesting of the unit, one share of the Issuer's Class A common stock. The performance-based restricted stock units were granted on February 10, 2016, pursuant to the terms of the reporting person's employment agreement and shall vest on December 31, 2017.

/s/ Cindy Kee, Attorney-in-Fact for 12/22/2017

T. Ritson Ferguson

** Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * 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.

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 Number.