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* TYSON LAURA D | | | | | 2. Issuer Name and Ticker or Trading Symbol CBRE GROUP, INC. [CBRE] | | | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | |
|---|--|------------|-------------|---------------------|---|---|------------------|--------------------------|--|----------|---|---|----------|--|---|---|---------------|--|--|
| (Last) (First) (Middle) | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/17/2019 | | | | | | | | | Officer (g below) | ive title | | Other (s below) | specify |
| 400 SOUTH HOPE STREET 25TH FLOOR | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Indiv | ividual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person | | | | | |
| (Street) LOS ANGELE (City) | S CA (State) | 90 (Zij | 071 | | | | | | | | | | | | Form file | d by More | than O | ne Reportin | g Person |
| | | Та | ble I - Nor | ո-Deri | ivativ | e Se | curitie | s Acqı | uired, l | Disp | osed of, | , or l | Benefi | cially Ow | /ned | | | | |
| Date | | | | e Enth/Day/Year) if | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | | | | ties Acquired (A) or I Of (D) (Instr. 3, 4 and | | | 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 05/1 | | | | | 7/201 | 9 | | A ⁽¹⁾ 4,228 A | | \$0.0000 | 39,8 | 39,815 | | 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) | rivative Conversion Date Execution | | | rate, Transactio | | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | te | 7. Title and Amo Securities Unde Derivative Secur (Instr. 3 and 4) | | derlying curity | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s | e s lly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | code V (A) (D) | | Date Exercisa | | Expiration Date Title | | | Amount or Number of Shares | | (Instr. 4) | | | | | |

Explanation of Responses:

1. The restricted stock unit award reported hereunder was made pursuant to the Issuer's Outside Director Compensation Policy. The award vests in full on the earlier of May 17, 2020 or the Issuer's next annual meeting of stockholders.

/s/ Cindy Kee, Attorney-in-Fact for 05/21/2019 Laura D. Tyson

** 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.