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

| Name and Address of Reporting Person* Giamartino Emma E. | | | | | 2. Issuer Name and Ticker or Trading Symbol CBRE GROUP, INC. [CBRE] | | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | |
|--|--|-----|---|--------|---|------|--|-------|--|------|--------------------|---|----------------------|---|---|--|---|---|--|
| (Last) | (First) | (Mi | 3. Date of Earliest Transaction (Month/Day/Year) 03/10/2023 | | | | | | | | | X | Officer (g below) | | Other (specify below) | | specify | | |
| 2100 MCKINNEY AVENUE SUITE 1250 | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Indiv | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) DALLAS | TX | 75 | 201 | | | | | | | | | | | | | , | • | ne Reportin | g Person |
| (City) | (State) | (Zi | p) | | | | | | | | | | | | | | | | |
| | | Та | ble I - No | n-Deri | ivativ | e Se | curitie | s Acq | uired, | Disp | osed of, | or | Benefi | cially Ow | ned | | | | |
| Date | | | | | th/Day/Year) i | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | | | | ies Acquired (A) or 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 03/10 | | | | | 0/202 | 3 | | | A ⁽¹⁾ | | 20,410 | 0 | A | \$0.0000 | 54,990 | | | 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) | 2. Conversion or Exercise Price of Derivative Security 3. Transaction Date (Month/Day/Year) 3A. Deemed Execution Date, if any (Month/Day/Year) | | | ate, | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | te | 7. Title and Amor Securities Under Derivative Secur (Instr. 3 and 4) | | derlying curity | 8. Price of Derivative Security (Instr. 5) | 9. Numbe derivative Securities Beneficia Owned Following Reported Transacti | e s lly | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code V | | (A) | (D) | Date Exercis | able | Expiration Date | Title | | Amount or Number of Shares | | (Instr. 4) | on(s) | | |

Explanation of Responses:

1. The Issuer granted these securities to the Reporting Person on March 10, 2023 as part of the Reporting Person's 2023 annual equity award. These securities will vest at a rate of 25% per year on each of March 10, 2024, 2025, 2026 and 2027, subject to forfeiture or acceleration in certain circumstances as set forth in the award agreement for these securities.

/s/ Cindy Kee, Attorney-in-Fact for 03/14/2023 Emma E. Giamartino

** 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.