FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| | | | | |
|--------|------|---|----|-------|
| \sim | AP | ᇚ | A١ | / N I |
| | | | | |

| 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 * MUNOZ OSCAR | | | 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) | | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 05/17/2023 | Λ | Officer (give title below) | Other (specify below) | | | |
| 2100 MCKINNEY AVENUE SUITE 1250 (Street) | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indiv | ck Applicable Line) Person Reporting Person | | | | |
| DALLAS TX 75201 | | 75201 | Rule 10b5-1(c) Transaction Indication | | | | | | |
| (City) (State) (Zip) | | (Zip) | Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | | | tion str. | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) | | | Securities Beneficially Owned | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership |
|---------------------------------|--|--|------------------|--------------|--|---------------|----------|----------------------------------|---|-------------------------|
| | | | Code | v | Amount | (A) or (D) | Price | (Instr. 3 and 4) | | (Instr. 4) |
| Class A Common Stock | 05/17/2023 | | A ⁽¹⁾ | | 2,919 | A | \$0.0000 | 8,915 | 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 | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transac Code (In 8) | | 5. Num Derivat Securit Acquire or Disp (D) (Ins and 5) | ive ies ed (A) osed of | 6. Date Exerc Expiration Day/Y | ate | 7. Title and A Securities Un Derivative So (Instr. 3 and | nderlying ecurity | 8. Price of Derivative Security (Instr. 5) | derivative Securities Beneficially Owned Following Reported | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
|--|---|---|---------------------------------|---|--|---------------------------------|-----------------------------------|--------------------|---|-------------------------------------|---|--|--|--|
| | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | Transaction(s) (Instr. 4) | | |

Explanation of Responses:

1. The restricted stock units reported hereunder were issued pursuant to the Issuer's Director Compensation Policy. This award vests in full on the earlier of May 17, 2024 or the Issuer's next annual meeting of stockholders.

/s/ Cindy Kee, Attorney-in-Fact for Oscar Munoz 05/19/2023

** 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.