FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

| | | STATEM | OMB Number: Estimated averag | 3235-0 ge burden | | |
|--|--------------------------------------|------------------------|---|--|--|---|
| Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). | | STATEM | hours per respons | se: | | |
| 1. Name and Addre Peterffy Thor | ss of Reporting Person <u>mas</u> | | 2. Issuer Name and Ticker or Trading Symbol Interactive Brokers Group, Inc. [IBKR] | 5. Relationship of R (Check all applicable) X Director V Officer (gir | le) | s) to Issuer 10% Owner Other (specify |
| (Last) (First) PHILLIPS POINT EAST TOWER 777 S. FLAGLER DRIVE | | (Middle) SUITE 1001 | 3. Date of Earliest Transaction (Month/Day/Year) 05/21/2021 | X below) | Chairman | |
| (Street) WEST PALM BEACH | FL | 33401 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | t/Group Filing (Ch I by One Reporting I by More than One | g Person |
| (City) | (State) | (Zip) | | | | |
| | Та | ble I - Non-Der | ivative Securities Acquired, Disposed of, or Benefi | icially Owned | | |

2A. Deemed Execution Date, 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 5. Amount of Securities 6. Ownership Form: Direct 7. Nature of Indirect 1. Title of Security (Instr. 3) 2. Transaction 3. Transaction Date (Month/Day/Year if any (Month/Day/Year) Code (Instr. 8) and 5) Beneficially (D) or Indirect (I) (Instr. 4) Beneficial Owned Ownership Followina (Instr. 4) Reported (A) or (D) Transaction(s) Code v Amount Price (Instr. 3 and 4) \$67.3 05/21/2021 20,000(1) Class A common stock S D 7,567,511 D (2) \$66.85 Class A common stock 05/24/2021 S 20,000 D 7,547,511 D (3) 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 | rcise (Month/Day/Year) f ive | 3A. Deemed Execution Date, if any (Month/Day/Year) | 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (s) (Instr. 4) | Form: Direct (D) | Beneficial Ownership (Instr. 4) |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

1. The sales reported on this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the Reporting Person.

2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$66.97 to \$67.79. The Reporting Person undertakes to provide Interactive Brokers Group, Inc. (the "Company"), any security holder of the Company, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each price within the ranges set forth in footnotes (2) - (3) to this Form 4.

3. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$66.43 to \$67.05.

/s/ Michael Sellitto as authorized signatory for Thomas Peterffy

05/25/2021

** 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.