

NASDAQ, INC. Reported by WEDENBORN LARS

FORM 4

(Statement of Changes in Beneficial Ownership)

Filed 08/22/17 for the Period Ending 08/18/17

Address ONE LIBERTY PLAZA

NEW YORK, NY 10006

Telephone 2124018700

CIK 0001120193

Symbol NDAQ

SIC Code 6200 - Security & Commodity Brokers, Dealers, Exchanges & Services

Industry Financial & Commodity Market Operators

Sector Financials

Fiscal Year 12/31



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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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 *			2. Issuer Name and Ticker or Trading Symbol							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
Wedenborn Lars	N	NASDAQ, INC. [NDAQ]								,			
(Last) (First) (Middle)	3.	3. Date of Earliest Transaction (MM/DD/YYYY)							X Director				
							Officer (giv	Officer (give title below) Other (specify below)					
ONE LIBERTY PLAZA		8/18/2017											
(Street)	4.	4. If Amendment, Date Original Filed (MM/DD/YYYY)					Y) 6. Individual of	or Joint/G	roup Filing (Check Appl	icable Line)		
NEW YORK, NY 10006 (City) (State) (Zip)								_ X _ Form filed by One Reporting Person Form filed by More than One Reporting Person					
Table	I - Non-De	rivativ	e Secu	rities Ac	quir	ed, Dis	posed o	f, or I	Beneficially Owne	ed			
1.Title of Security (Instr. 3)	2. Trans. Date	e 2A. Deemed Execution Date, if any		3. Trans. Coo (Instr. 8)	de	4. Securities Acquired (A or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)			Ownership of India Form: Benefic	Beneficial
				Code	V	Amount	(A) or (D)	Price	Price				Ownership (Instr. 4)
Common Stock, par value \$0.01 per share	8/18/2017			s		3045	D	\$76.13	2996 (1)			D	
Common Stock, par value \$0.01 per share									15	5000 (2)		I	By Pension Insurance
Common Stock, par value \$0.01 per share									10000 (2)		I	By Pension Insurance	
Table II - Derivative	Securities	Benefi	cially	Owned (e.g.	, puts,	calls, wa	arran	ts, options, conve	rtible sec	urities)		
1. Title of Derivate Security (Instr. 3) Conversion or Exercise Price of Derivative 2. Conversion Date Execution Date, if	on (Instr. 8)	Acquire Dispose				Date Exercisable and xpiration Date		Securit Deriva	and Amount of ies Underlying tive Security 3 and 4)	Derivative Security	derivative Securities Beneficially Owned	Form of Derivative Security:	11. Nature of Indirect Beneficial Ownership (Instr. 4)
Security	Code	v	(A)	(D)	Date Exer		Expiration Date		Amount or Number of Shares		Following Reported Transaction(s) (Instr. 4)	Direct (D) or Indirect (I) (Instr. 4)	

Explanation of Responses:

- (1) Represents shares or units of restricted stock granted pursuant to Nasdaq's Equity Incentive Plan, of which none are vested.
- (2) Represents shares of common stock acquired through purchases.
- (3) The shares are held by a pension insurance fund in the name of FAM AB, which is Mr. Wedenborn's employer.
- (4) The shares are held by a pension insurance fund in the name of Investor AB, which is Mr. Wedenborn's former employer.

Reporting Owners

Paparting Owner Name / Addre	0.0	Relationships						
Reporting Owner Name / Addre	Director	10% Owner	Officer	Other				
Wedenborn Lars								
ONE LIBERTY PLAZA	X							
NEW YORK, NY 10006								

Signatures

/s/ Edward S. Knight, by power of attorney	8/22/2017		
** 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 control number.