FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| l | OMB APPRO               | VAL       |
|---|-------------------------|-----------|
|   | OMB Number:             | 3235-0287 |
| l | Estimated average burde | en        |
| l | hours per response:     | 0.5       |

F

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

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 FTI CONSULTING INC [ FCN ] |        |   |                                    |          |   |       |   |                                      |   | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) |   |                              |  |  |  |  |
| DUNN JACK B IV   |  |  |  |       |                                    | [,   |  |        |   |                                    |          |   |       |   |                                      | X   | X Director  |   |                              | 10% O  | wner   |  |  |
| (Last)   | (Last) (First) (Middle)  |  |  |       |                                    |  | 2. Date of Fadiget Transportion (Month/Day)/(see)                      |        |   |                                    |          |   |       |   |                                      | X   | Officer (give title below)  |   |                              | Other (specify below)  |  |  |  |
| 777 SOUTH FLAGLER DRIVE  |  |  |  |       |                                    |  | 3. Date of Earliest Transaction (Month/Day/Year) 08/02/2013            |        |   |                                    |          |   |       |   |                                      | President & CEO   |   |   |                              |  |  |  |  |
| SUITE 1500   |  |  |  |       |                                    |  |  |        |   |                                    |          |   |       |   |                                      |   |   |   |                              |  |  |  |  |
| (Street)   |  |  |  |       | 4. If                              | 4. If Amendment, Date of Original Filed (Month/Day/Year) |  |        |   |                                    |          |   |       |   |                                      | 6. Individual or Joint/Group Filing (Check Applicable Line) |   |   |                              |  |  |  |  |
| WEST PALM FL 33401   |  |  |  |       |                                    |  |  |        |   |                                    |          |   |       | X   | X Form filed by One Reporting Person |   |   |   |                              |  |  |  |  |
| BEACH  | BEACH 15 33401   |  |  |       |                                    |  |  |        |   |                                    |          |   |       |   |                                      | Form filed by More than One Reporting Person                |   |   |                              | orting   |  |  |  |
| (City) (State) (Zip)   |  |  |  |       |                                    |  |  |        |   |                                    |          |   |       |   |                                      |   |   |   |                              |  |  |  |  |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned |  |  |  |       |                                    |  |  |        |   |                                    |          |   |       |   |                                      |   |   |   |                              |  |  |  |  |
| 1. Title of Security (Instr. 3)  2. Transac Date (Month/Da                       |  |  |  |       |                                    | ar)  | 2A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year)            |        | 3.<br>Transaction<br>Code (Instr.<br>8) |                                    | Disposed | urities Acquired (A)<br>sed Of (D) (Instr. 3, 4 |       |   | 4 and Secu<br>Bene<br>Owne           |   | cially<br>I Following   | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4)   |                              | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership                      |  |  |  |
|  |  |  |  |       |                                    | Code   | v  | Amount |   | (A) or<br>(D)                      | Pric     | e   |       | nsaction(s)<br>tr. 3 and 4)   |                                      |   | (Instr. 4)  |   |                              |  |  |  |  |
| Common   | /2013  | 2013                                       |  |       |                                    | F  |  | 1,006  |   | D                                  | \$3'     | 37.96   |       | 98,348  |                                      | D   |   |   |                              |  |  |  |  |
| Common Stock   |  |  |  |       |                                    |  |  |        |   |                                    |          |   |       |   |                                      |   |   | 450   |                              | I  | by Son   |  |  |
| Common Stock   |  |  |  |       |                                    |  |  |        |   |                                    |          |   |       |   |                                      | 18,000  |   |   | I                            | by<br>Spouse   |  |  |  |
|  | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |  |  |       |                                    |  |  |        |   |                                    |          |   |       |   |                                      |   |   |   |                              |  |  |  |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)                              | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security  | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deem<br>Execution<br>if any<br>(Month/Da | Date, | 4.<br>Transacti<br>Code (Ins<br>8) |  |  |        | tive<br>ties<br>red<br>sed              | 6. Date E<br>Expiratio<br>(Month/D | n Date   | Ann) Se<br>Un<br>De<br>Se                       |       | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Instr.<br>and 4) |                                      |   | vative<br>urity<br>ir. 5)   | 9. Number of<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s<br>(Instr. 4) | Ov<br>Fo<br>Dii<br>or<br>(I) | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |  |
|  |  |  |  |       | Code                               | v  | (A   | , (    |   | Date<br>Exercisa                   |          | Expiration<br>Date                              | Title | of  |                                      |   |   |   |                              |  |  |  |  |

**Explanation of Responses:** 

Jack B. Dunn IV

08/05/2013

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.