FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB API	PROVAL					
OMB Number:	3235-0104					
Estimated average burden						
hours per response						

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Nickles Elizabeth A			. Date of Event lequiring Staten Month/Day/Year 1/01/2010	nent	3. Issuer Name and Ticker or Trading Symbol FTI CONSULTING INC FCN							
(Last) (First) (Middle) 777 SOUTH FLAGLER DRIVE				4. Relationship of Reporting Person (Check all applicable) Director Officer (circle title)		on(s) to Issuer 10% Owner Other (specify		5. If Amendment, Date of Original Filed (Month/Day/Year)				
(Street) WEST PALM BEACH	FL	33401				Officer (give title below) SVP & Chief Market	below)	, I	Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person		y One Reporting Person y More than One	
(City)	(State)	(Zip)										
Table I - Non-Derivative Securities Beneficially Owned												
					2. Amount of Securities Beneficially Owned (Instr. 4) 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		cṫ (D) (I	4. Nature of Indirect Beneficial Ownership (Instr. 5)				
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)												
Ex			2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securi Underlying Derivative Securi				cise	5. Ownership Form: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
			Date Exercisable	Expiration Date	n Title		Amount or Number of Shares	Derivative Security		or Indirect (I) (Instr. 5)		

Explanation of Responses:

No securities are beneficially owned.

By: Eric B. Miller, Attorneyin-Fact For: Elizabeth A.

<u>Nickles</u>

01/06/2010

** Signature of Reporting Person

Date

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

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.

 $^{^{\}ast}$ If the form is filed by more than one reporting person, see Instruction 5 (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).