SEC Form 4	
------------	--

 $\square$ 

## FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

### OMB APPROVAL OMB Number: 3235-0287

Estimated average burden	
hours per response:	0.5

1. Name and Address of Reporting Person <sup>*</sup> KAUFMAN BARRY S			2. Issuer Name <b>and</b> Ticker or Trading Symbol <u>FTI CONSULTING INC</u> [ FCN ]		ationship of Reporting Pe < all applicable) Director	rson(s) to Issuer 10% Owner
			-	_ x	Officer (give title	Other (specify
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year)		below)	below)
	( )	()	12/14/2005		EVP & Chief Risk	Mgmt Officer
900 BESTGAT	E ROAD					
SUITE 100						
			4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indiv	vidual or Joint/Group Filir	ng (Check Applicable
(Stroot)				Line)		• • • •
(Street)		24 404 2000		X	Form filed by One Rep	porting Person
ANNAPOLIS	MD	214013066			Form filed by More that	an One Reporting
			-		Person	an one noporting
(City)	(State)	(Zip)				
( <b>/</b> /	(/	A 117				

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

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transa Code ( 8)		5)		5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
			Code	v	Amount	(A) or (D) Price		Transaction(s) (Instr. 3 and 4)		(1150. 4)	
Common Stock	12/14/2005		М		9,261	A	\$22.66	15,261	D		
Common Stock	12/14/2005		S		9,261	D	\$ <mark>30</mark>	6,000	D		
Common Stock								1,500	Ι	By Spouse <sup>(1)</sup>	

# 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	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code ( 8)		of		6. Date Exercit Expiration Dat (Month/Day/Ye	e	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)	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				
Stock Option (right to buy)	\$22.66	12/14/2005		М			9,261	07/01/2003 <sup>(2)</sup>	07/01/2012	Common Stock	9,261	\$0	13,239	D	

Explanation of Responses:

1. These shares are held in a trust for the benefit of the reporting person. The reporting person's spouse is the trustee and settlor of the trust, and the reporting person is a contingent trustee. The reporting person disclaims beneficial ownership of these securities, and the filing of this report is not an admission that the reporting person is the beneficial owner of these securities for purposes of Section 16 or for any other purpose.

2. Option vests in three equal annual installments beginning one year after the grant date.

/s/ Kaufman, Barry S.

12/07/2005 \*\* 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.