## SEC Form 4

## FORM 4

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

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

l	OMB Number:	3235-0287
l	OMB Number: Estimated average bur	den
l	hours per response:	0.5

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 <sup>*</sup> Ellis Vernon James			2. Issuer Name and Ticker or Trading Symbol <u>FTI CONSULTING, INC</u> [ FCN ]		5. Relationship of Reporting Person(s) to Issue (Check all applicable) X Director 10% Owne			
(Last) (First) (Middle) 555 12TH STREET NW		(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 03/04/2015		Officer (give title below)	Other (specify below)		
			4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indiv Line)	ng (Check Applicable			
(Street)				X	Form filed by One Re	porting Person		
WASHINGTON	I DC	20004			Form filed by More that Person	an One Reporting		
(City)	(State)	(Zip)	Rule 10b5-1(c) Transaction Indication					
Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.								
		Table I - Non-Deriv	ative Securities Acquired, Disposed of, or Bene	ficially	Owned			

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	if any 🤺	3. Transa Code ( 8)					5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(Instr. 4)
Common Stock	03/04/2015		G		5,829	D	\$ <u>0</u>	20,398	<b>D</b> <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 Deriv Secu Acqu (A) o Dispe	r osed ) r. 3, 4	6. Date Exerc Expiration Da (Month/Day/Y	ate	7. Titl Amou Secu Unde Deriv Secu 3 and	unt of rities rlying ative rity (Instr.	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				

### Explanation of Responses:

1. On March 4, 2015, 5,829 shares of common stock held by the reporting person were transferred to an account held by The Vernon Ellis Foundation, a charitable foundation over which the reporting person has investment authority and no pecuniary interest. Such transfer was inadvertently not reported at such time. The 5,829 shares of common stock have inadvertently continued to be reported as beneficially owned directly by the reporting person in Column 5 of his Forms 4, notwithstanding such transfer. This Form 4 reports the transaction on March 4, 2015 and corrects the amount of securities directly beneficially owned by the reporting person in Column 5 to exclude such shares.

#### Remarks:

By: Joanne Catanese, Attorney in Fact For: Vernon Ellis

\*\* Signature of Reporting Person Date

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

 $^{\ast}$  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.

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