FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPRO	VAL							
	OMB Number:	3235-0287							
l	Estimated average burden								
l	hours per response:	0.5							

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 7		-					
1. Name and Address of Reporting Person* CROWNOVER JAMES W						2. Issuer Name and Ticker or Trading Symbol FTI CONSULTING INC FCN								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
CITOW	IVOVEI	JAMES W			1									X Direct	or	10%	Owner	
(Last) (First) (Middle) 777 SOUTH FLAGLER DRIVE						3. Date of Earliest Transaction (Month/Day/Year) 06/03/2009								Office below	r (give title)	Othe belo	r (specify v)	
					1													
SUITE 1	500																	
						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)				
(Street)			06/	06/05/2009								X Form filed by One Reporting Person						
WEST P. BEACH	ALM FI	<u>:</u>	33401												filed by More	than One Re		
					1													
(City)	(S	tate)	(Zip)															
		Tab	le I - Non-	-Deriva	ative	Sec	uritie	s Ac	auired	. Dis	sposed	of. or Be	neficia	llv Owne	d			
1 Tido of (Casumitus (Ima			2. Transa		_	A. Deem		3.	,	-			5. Amoi		6. Ownership	7. Nature	
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da					Execution Date			e, Transaction Disposed Of (D) (Instr. 3, 4)				d Securiti Benefic Owned	es ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect			
								Code V		Amount (A) or		r Price	Reporte Transac	tion(s)		(Instr. 4)		
							<u> </u>	7	(D)	1	(Instr. 3	and 4)						
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
			(e	e.g., pu	uts, c	calls	, warr	ants	s, optio	ns,	convert	ble seci	urities)					
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. Transaction Code (Instr. 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)			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 (Instr. 4)	Ownersl Form: Direct (E or Indire (I) (Instr.	Beneficial Ownership ct (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amount or Number of Shares					
Deferred Restricted Stock Units ⁽¹⁾	\$0	06/03/2009			A		2,990		(2)		(2)	Common Stock	2,990	\$0	2,990	D		

Explanation of Responses:

- 1. This Amendment is being filed to correctly report the type of securities issued to the reporting person. Restricted stock units were incorrectly reported as common stock in table I as non-derivative securities in the original filing.
- 2. Restricted stock units will vest in full on the first anniversary of the date of grant. Vested shares of common stock of FTI Consulting, Inc. will be delivered to the reporting person upon a separation of service event.

By: Eric B. Miller, Attorney-

in-Fact For: James W.

06/09/2009

Crownover

** 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.