FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| | OMB APPROVAL |
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| - 1 | |

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

3235-0287 OMB Number: Estimated average burden 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).

1. Name and Address of Reporting Person*

IACORV DHII ID D ID

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

2. Issuer Name and Ticker or Trading Symbol

FTI CONSULTING INC [FCN]

| JACOL |) 1 1 1 1 1 L | II IX JIX | | | | | | | | | | | | | Ι. | Directo Officer | r (give title | | 10% Ov Other (s | |
|---|---|--|---|--|---|--|--|-------|----------|--|----------------|--|-----------------|-----------------------------------|------------------|---|--|---|--|--|
| | 00 BESTGATE ROAD | | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/03/2004 | | | | | | | | | | | below) | | orate (| below) Controller | · |
| SUITE 100 | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | | vidual or Joint/Group Filing (Check Applicable | | | |
| (Street) | | | | | | | | | | | | Line | , | led by One | e Repo | rting Perso | ո | | | |
| ANNAPOLIS MD 214013066 | | | | . | | | | | | | | | | | | Form fi Person | | e than | One Repor | ting |
| (City) (State) (Zip) | | | | | | | | | | | | | | | | | | | | |
| | | Tab | le I - Nor | ı-Deriva | tive | Se | curit | ies A | cqı | uired, | Dis | oosed o | of, c | or Ben | eficial | y Owned | l | | | |
| 1. Title of Security (Instr. 3) | | | | 2. Transaction Date (Month/Day/Year) | | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | <i>'</i> | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) | | | | | es ally Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership |
| | | | | | | | | Code | v | Amount | | (A) or (D) | Price | Reported Transact (Instr. 3 | tion(s) | | | (Instr. 4) | | |
| Common | 11/03/2004 | | | | | M | | 3,750 | | A | \$12.3 | 6 3, | 3,819 | | D | | | | | |
| Common | 11/03/2 | 11/03/2004 | | | | | S | | 3,100 | | D | \$18.7 | 1 7 | 719 | | D | | | | |
| Common Stock 11/0 | | | | | | | | | S | | 219 | | D | \$18.7 | 7 5 | 500 | | D | | |
| Common Stock 11/03 | | | | | | | | | G | V | 500 | | D | \$0 | | 0 | | D | | |
| | | - | Γable II - I | Derivati (e.g., pu | | | | | | | | | | | | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution I if any (Month/Day | Date, Transaction Code (Instr | | | of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | | Date Exe piration onth/Day te te ercisabl | Date y/Year | | or Nur of | | Amount or Number | 8. Price of Derivative Security (Instr. 5) | 9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4) | e s Illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |

10/05/2004⁽¹⁾

Explanation of Responses:

\$12.36

1. Option vests in three equal annual installments beginning one year after the grant date, with the initial annual installment vesting on October 5, 2002.

M

Remarks:

Employee Stock Option

(right to

11/05/2004 /s/ Jacoby, Jr., Philip R.

\$0

0

D

** Signature of Reporting Person Date

3,750

Common

Stock

10/05/2011

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).

11/03/2004

** 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.

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