FORM 3

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

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

				00000000000000		estiment Company Act of 1940						
1. Name and Address <u>Robinson Step</u>		2. Date of Event Requiri Statement (Month/Day/N 03/22/2022		3. Issuer Name and Ticker or Trading Symbol <u>FTI CONSULTING, INC</u> [FCN]								
(Last) (First) (Middle) 555 12TH STREET NW				4. Relationship of Reporting Perse (Check all applicable) X Director			(s) to Issuer 10% Owner			5. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line)		
(Street) WASHINGTON						Officer (give title below)	Oth	ner (specify b		X Form filed by One Reporting Person Form filed by More than One Reporting Pers		
(City)	(State)	(Zip)										
			Table I - N	lon-Deriv	vative S	ecurities Beneficially Ov	wned					
1. Title of Security (Instr. 4)					2. Amount Owned (Ins	of Securities Beneficially str. 4)	Direc	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		Nature of Indirect Beneficial Ownership (Instr. 5)		
						curities Beneficially Own options, convertible sec		5)				
1. Title of Derivative Security (Instr. 4)			Expiration Da	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Under Security (Instr. 4)			4. Conversion or Exercise Price of		6. Nature of Indirect Beneficial Ownership (Instr. 5)	
			Date Exercisable	Expiration Date	Title		N		Derivative Security			

Explanation of Responses:

Remarks:

No securities are beneficially owned.

<u>By: Joanne Catanese, Attorney-in-Fact</u> <u>For: Stephen Robinson</u> 03/24/2022

** 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 5 (b)(y). ** 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.

POWER OF ATTORNEY

Know all by these presents, that the undersigned, Stephen C. Robinson, hereby makes, constitutes and appoints each of Curtis P. Lu and Joanne
prepare, execute, acknowledge, deliver and file any and all Forms 3, Forms 4, and Forms 5 (including any amendments thereto), with the I
seek or obtain, as the undersigned's representative and on the undersigned's behalf, information on transactions in the Company's secur:
do and perform any and all other acts which in the discretion of such attorney-in-fact are necessary or desirable for and on behalf of security.

The undersigned acknowledges that:

(1) this Power of Attorney authorizes, but does not require, each such attorney-in -fact to act in his or her discretion on information provide in the Company nor either of such attorneys-in-fact assumes (i) any liability for the undersigned's responsibility to comply with in the undersigned hereby grants to such attorney-in-fact full power and authority to do and perform any and every act and thing whatsoever requires. The undersigned also agrees to indemnify and hold harmless the Company and each attorney-in-fact against any losses, claims, damages, or liability for the validity of this Power of Attorney shall not be affected in any manner by reason of the execution, at any time, of other powers of attorney.

IN WITNESS WHEREOF, the undersigned has caused this Power of Attorney to be executed as of March 22, 2022.

By: /s/ Stephen Robinson Print Name: Stephen C. Robinson

STATE OF New York COUNTY OF New York

On this 18 day of March, 2022, Stephen Robinson personally appeared before me, and acknowledged that s/he executed the foregoing instrument fo

IN WITNESS WHEREOF, have hereunto set my hand and official seal.

By: /s/ Nathaly Torre

Notary Public My Commission Expires: 02/25/2023

NATHALY TORRE Notary Public - State of New York No. 01T06388041 Qualified in Bronx County My Commission Expires 02/25/2023