Deferred Restricted

Stock

Units

\$<mark>0.0</mark>

Explanation of Responses:

| 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><br>Holthaus Gerard E  |   |            |  | 2. Issuer Name and Ticker or Trading Symbol<br>FTI CONSULTING INC [ FCN ] |                 |  |     |         |   |         | 5. Relationship of Reporting Person(s) to Issuer<br>(Check all applicable) |   |   |   |  |                                       |       |            |
|--|---|------------|--|---|-----------------|--|-----|---------|---|---------|--|---|---|---|--|---------------------------------------|-------|------------|
| Holtha   | us Gerard   | <u>l E</u> |  |   | <u></u>         |  |     |         | <u> </u>  |         |  |   |   | X Directo   | or   |                                       | 10% C | wner       |
| (Last) (First) (Middle)<br>777 SOUTH FLAGLER DRIVE<br>SUITE 1500   |   |            |  | 3. Date of Earliest Transaction (Month/Day/Year)<br>06/05/2013            |                 |  |     |         |   |         |  | Office<br>below)                                      | give title  |   | Other<br>below)  | (specify                              |       |            |
|  |   |            |  | 4. If Amendment, Date of Original Filed (Month/Day/Year)                  |                 |  |     |         |   |         | 6. Ir  | 6. Individual or Joint/Group Filing (Check Applicable |   |   |  |                                       |       |            |
| (Street)   |   |            |  |   |                 |  |     |         |   |         |  |   | Line)   |   |  |                                       |       |            |
| WEST P.  | ALM E   | r          | 33401  |   |                 |  |     |         |   |         |  | -   | Form filed by One Reporting Person  |   |  |                                       |       |            |
| BEACH  | BEACH FL 33401  |            |  |   |                 |  |     |         | Form filed by More than One Reportir<br>Person  |         |  |   | orting  |   |  |                                       |       |            |
| (City)   | (S  | itate)     | (Zip)  |   |                 |  |     |         |   |         |  |   |   |   |  |                                       |       |            |
|  |   | Tal        | ble I - Nor  | n-Deriva  | ative S         | ecurities /  | Acc | quired, | Dis   | posed o | of, o  | r Ben   | eficiall  | y Owned   | l  |                                       |       |            |
| 1. Title of Security (Instr. 3)<br>Date<br>(Month/L  |   |            | action 2A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year) |   | Code (Instr. 5) |  |     |         |   |         | es Forr<br>ially (D)<br>Following (I) (I                                   |   | vnership<br>1: Direct<br>r Indirect<br>1str. 4)   | 7. Nature of<br>Indirect<br>Beneficial<br>Ownership |  |                                       |       |            |
|  |   |            |  |   |                 |  |     | Code    | v   | Amount  |  | (A) or<br>(D)   | Price   | rice Reported<br>Transaction(s)<br>(Instr. 3 and 4) |  |                                       |       | (Instr. 4) |
|  | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned<br>(e.g., puts, calls, warrants, options, convertible securities) |            |  |   |                 |  |     |         |   |         |  |   |   |   |  |                                       |       |            |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3) 2. 3. Transaction<br>Derivative<br>Security<br>(Instr. 3) 3. Transaction<br>Date<br>(Month/Day/Year)<br>Derivative<br>Security |   | Date, Ti   | ransaction<br>ode (Instr.  | n Derivative  |                 | 6. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year) |     |         | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative Sec<br>(Instr. 3 and 4) |         | )<br>Security  | 8. Price of<br>Derivative<br>Security<br>(Instr. 5)   | 9. Number<br>derivativ<br>Securitie<br>Beneficia<br>Owned<br>Followin<br>Reported<br>Transact | e<br>es<br>ally<br>g                                | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | Beneficial<br>Ownership<br>(Instr. 4) |       |            |
|  |   |            |  |   |                 |  |     |         |   |         |  |   | Amount<br>or<br>Number  |   | (Instr. 4)   |                                       |       |            |

Date

1. 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 on his elected payment date.

Exercisable

(1)

(D)

(A)

6,740<sup>(1)</sup>

Expiration

(1)

Date

Title

Commor

Stock

of Shares

6,740

By: Eric B. Miller, Attorney-in-

Fact For: Gerard E. Holthaus
\*\* Signature of Reporting Person

\$<mark>0.0</mark>

59,302<sup>(2)</sup>

06/07/2013

Date

D

2. Total includes Restricted Stock Units granted in prior years that have different vesting dates.

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).

06/05/2013

\*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Code

A

ν

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.