Edgar Filing: LOCKHART H EUGENE - Form 4

	TH EUGENE										
Form 4	010										
October 03, 2											
FORM	14 _{UNITE}	D STATES	SECUR	ITIES A	ND EX	∼на	NGE C	COMMISSION	OMB APPROVAL		
	UNITE	DOTATES		shington,					OMB Number:	3235-0287	
Check thi				B+0,	2.0.20				Expires:	January 31,	
if no longer subject to STATEMENT OF CHANGES IN BENEFICIAL OWN					NERSHIP OF	2005					
subject to Section 10				SECUR	ITIES				Estimated average burden hours per		
Form 4 or									response 0.5		
Form 5	Filed p	oursuant to S	Section 1	6(a) of the	e Securit	ies E	xchang	e Act of 1934,	·		
obligatior may conti				•	•	· ·		1935 or Section	n		
See Instru		30(h)	of the In	vestment	Compan	y Ac	t of 194	0			
1(b).											
(Print or Type R	Pesnonses)										
(I find of Type R	(esponses)										
1. Name and Address of Reporting Person [*] _ 2. Issuer Name and Ticker or Trading 5. Relationship of						f Reporting Person(s) to					
LOCKHAR	Symbol	-					Issuer				
	Huron C	Huron Consulting Group Inc.									
	[HURN]					(Check all applicable)					
(Last)	(First)	(Middle)	3. Date of	Earliest Tra	ansaction			_X_ Director		Owner	
			(Month/Day/Year)					Officer (give title Other (specify below) below)			
	N CONSULTI		10/02/20	012				below)	0010W)		
	0 WEST VAN	BUREN									
STREET											
				4. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check			
			Filed(Mon	th/Day/Year))			Applicable Line) _X_ Form filed by One Reporting Person			
CHICAGO,	II 60607							Form filed by M			
cinc/100,	112 00007							Person			
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of	2. Transaction D	ate 2A. Deer	ned	3.	4. Securi	ties A	cquired	5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Yea	ar) Executio	tion Date, if Transaction(A) or Disposed of (D)						Form: Direct		
(Instr. 3)		any (Month/I	Day/Year)	Code (Instr. 8)	(Instr. 3,	4 and	5)	Beneficially Owned	(D) or Indirect (I)	Beneficial Ownership	
		(WORD)	Jay/ I Cal)	(Instr. 6)				Following	(Instr. 4)	(Instr. 4)	
						(A)		Reported	. ,	. ,	
						or		Transaction(s) (Instr. 3 and 4)			
				Code V	Amount	(D)	Price	(1150.5 and 4)			
Common	10/02/2012			S (1)	405	D	\$	33,906	D		
Stock							35.81				

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

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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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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. Transact Code (Instr. 8)	5. ionNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	3	Date	Amou Unde Secur	le and unt of rlying rities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	⁷ (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
LOCKHART H EUGENE C/O HURON CONSULTING GROUP 550 WEST VAN BUREN STREET CHICAGO, IL 60607	Х						
Signatures							
Diane E. Ratekin, Attorney-in-fact for H Lockhart	. Eugene		10/03	/2012			
** Signature of Reporting Person			Da	ıte			

Explanation of Responses:

* 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).

(1) Automatic sale pursuant to a 10b5-1 plan in order to satisfy tax liability associated with restricted share lapse.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.