FORM 4

obligations may continue. See Instruction 1(b).

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	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP
-bli-sti-s	

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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. Name and Address of Reporting Person* DINAPOLI DOMINIC						2. Issuer Name and Ticker or Trading Symbol FTI CONSULTING INC [FCN]										all app Dired	ionship of Reporting all applicable) Director Officer (give title		Person(s) to Issuer 10% Owner Other (specif		
(Last) 777 SOU SUITE 15		rst) (LER DRIVE	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 06/11/2009									X	belov EVF					
(Street) WEST PABEACH (City)	FL		33401 Zip)		4. If	Ame	ndment	, Date (of Origina	l Filed	d (Month/Da	ear)		6. Indiv Line) X	Forn Forn	or Joint/Group Filing (Check Applicable form filed by One Reporting Person form filed by More than One Reporting ferson					
		Tabl	e I - No	n-Deriv	ative	Sec	uritie	s Ac	quired,	, Dis	posed o	f, o	r Be	nefic	ially	Owne	ed				
1. Title of Security (Instr. 3) 2. Transa Date (Month/D				Execution Da ay/Year) if any		recution Date,		ction Instr.	4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4					Secur Benef Owne	5. Amount of Securities Beneficially Owned Following		nership : Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership			
			Code			v	Amount		(A) or (D)	Pric	е	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)					
Common	Stock			06/11	/2009				S		500		D	\$	54	76,719 D					
Common	Stock			06/11	/2009				S		500		D	\$5	3.76	76,219 D					
Common	Stock			06/11	/2009				S		1,000		D	\$54	.022	2 75,219 D					
Common	Stock			06/11	/2009				S		500		D	\$5	4.02	02 74,719 D					
		Та									sed of, onvertib					wned					
1. Title of Derivative Security (Instr. 3)	ative Conversion or Exercise (Month/Day/Year) Execution Date, if any (Month/Day/Year) Security Execution Date, if any (Month/Day/Year) 8)		Instr.	of Deriv Secu Acqu (A) o Dispo	r osed) r. 3, 4	Expiration (Month/E	6. Date Exercisable and Expiration Date (Month/Day/Year) Date Exercisable Date			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Numbe of Title Shares		nt er		9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ov Fo Di or (I)	O. wnership orm: irect (D) r Indirect) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)				

Explanation of Responses:

By: Eric B. Miller, Attorneyin-Fact For: Dominic DiNapoli

06/12/2009

** 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.