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(h) |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

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

| Name and Address of Reporting Person* CALLAGHAN DENIS J | | | | | | 2. Issuer Name and Ticker or Trading Symbol FTI CONSULTING INC [FCN] | | | | | | | | | | eck all appli | ationship of Reportin (all applicable) Director Officer (give title | | g Person(s) to Issuer 10% Owner Other (spec | |
|---|---|--|---|---------|-----------------------|--|------------------|--------|--|--|---------------------------|----------------------|---|---------|--|---|---|-------------------------------------|--|---------------------------------------|
| (Last) 777 SOU SUITE 1 | JTH FLAG | irst) LER DRIVE | (Middle) | | 12/ | 3. Date of Earliest Transaction (Month/Day/Year) 12/15/2010 | | | | | | | | | | below) | below) | | below) | |
| (Street) WEST P. BEACH (City) | F. | | 33401 (Zip) | | _ 4. l ¹ | 4. If Amendment, Date of Original Filed (Mont | | | | | | | y/Year) | | Line | Individual or Joint/Group Filing (Check Applicatione) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | | | ole I - No | n-Deriv | vative | e Se | curit | ties A | car | uired. I | Dis | posed o | f. or I | 3ene | ficiall | v Owned | l | | | |
| 1. Title of Security (Instr. 3) | | | 2. Transaction Date (Month/Day/Year) | | | 2A. Deemed Execution Date, | | | a. 3. 4. Securities Disposed O Code (Instr. 5) | | | ies Acq | uired (| A) or | 5. Amou Securiti Benefici Owned | nt of es ally -ollowing | Form (D) o | n: Direct r Indirect istr. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | Ì | Code | v | Amount | (A (D |) or | Price | Reporte Transac (Instr. 3 | tion(s) | | | (Instr. 4) | | | |
| Common Stock | | | | 12/1 | 5/201 | 0 | | | | М | | 5,625 | | A | \$21.6 | 5 16 | 5,148 | | D | |
| Common Stock | | | 12/1 | 5/201 | /2010 | | | | S | | 5,625 ⁽¹⁾ D \$ | | \$35.7 | 10,523 | | | D | | | |
| | | - | Table II - | | | | | | | | | osed of, onvertil | | | | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemo Execution if any (Month/Da | Date, | | Transaction Code (Instr. | | | | 6. Date Exercisa Expiration Date (Month/Day/Year | | | 7. Title and Amount of Securities Underlying Derivative Sec (Instr. 3 and 4) | | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | e s Illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | Code V | | (A) | (D) | Dat | ite ercisable | | Expiration Date | or Nu of | | umber | | | | | | | | |
| Non- Qualified Stock Option (right to buy) | \$21.65 | 12/15/2010 | | | M | | | 5,625 | 07/ | /24/2006 ⁽² | 2) (| 07/24/2013 | Comm Stocl | | 5,625 | \$0 | 33,750 | 0 | D | |

Explanation of Responses:

- 1. All sales reported on this Form 4 were pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on June 11, 2009.
- 2. Option vested in three equal annual installments beginning one year after the grant date.

By: Eric B. Miller, Attorney-in-Fact For: Denis J. Callaghan

** 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.