FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

OMB Number: 3235-0287 Estimated average burden hours per response: 0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

					01	r Sect	tion 30	(h) of t	he Inve	estmen	t Cor	npany Act	of 194	0						
1. Name and Address of Reporting Person* <u>CALLAGHAN DENIS J</u>						2. Issuer Name and Ticker or Trading Symbol FTI CONSULTING INC [FCN]										Relationship of Reporting (Check all applicable) X Director		ng Person(s) to Issue		
(Last) (First) (Middle) 777 SOUTH FLAGLER DRIVE SUITE 1500					09	3. Date of Earliest Transaction (Month/Day/Year) 09/15/2009 4. If Amendment, Date of Original Filed (Month/Day/Year)										Officer (give title below) Other (specify below) S. Individual or Joint/Group Filing (Check Applicable				
(Street) WEST PALM BEACH FL 33401					- 4. -	If Am	endme	nt, Dat	e of O	riginal	Filed	(Month/Da	ıy/Year	7)	Line) 【 Form fi	led by One led by Mor	Reporting e than One	Persor	
(City)	(5	State)	(Zip)																	
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)					action	ı	2A. De Execu if any		te,	3. Transa Code (1 8)	ction	4. Securities Acquired (A) Disposed Of (D) (Instr. 3,			A) or	5. Amou Securitie Beneficia Owned F	5. Amount of Securities Beneficially Owned Following		ect (7. Nature of Indirect Beneficial Ownership
									Ī	Code	v	Amount	1)	A) or D)	Price	Reported Transact (Instr. 3 a	ion(s)			Instr. 4)
Common Stock 09/1					5/200)9				M		5,625		Α	\$21.65		,148	48 D		
Common Stock 09/				09/1	09/15/2009					S		1,900		D	\$45.18	3 14,	,248	D		
Common Stock 09				09/1	09/15/2009					S		631		D	\$45.19	9 13,	617	D		
Common Stock				09/15/2009)9				S		300		D	\$45.22	2 13,	,317	D		
Common Stock				09/1	09/15/2009					S		500		D	\$45.23	3 12,	12,817		D	
Common Stock				09/15/2009						S		12		D	\$45.24	4 12,	12,805			
Common Stock				09/15/2009						S		182		D	\$45.20	5 12,	12,623			
Common Stock				09/1	09/15/2009					S		100		D	\$45.6	12,	12,523			
Common Stock				09/1	09/15/2009					S		100		D	\$45.6	1 12,	12,423			
Common Stock 09				09/1	09/15/2009					S		350		D	\$45.63	3 12,	,073	D		
Common Stock				09/1	09/15/2009					S		100		D	\$45.64	4 11,	973	D		
Common Stock				09/1	5/200	9				S		450		D	\$45.65	5 11,	523	D		
				5/200	9				S		300		D	\$45.60	5 11,	,223	D			
Common Stock 09/15/				5/200)9				S		100		D	\$45.68	3 11,	123	D			
Common Stock 09/15/2					5/200					S				\$45.87			D			
			Table II -	Deriva (e.g., p	itive outs,	Sec cal	uritie Is, wa	es Ac arran	quir ts, o	ed, D ption	ispo is, c	osed of, onvertil	or B ble s	enefi ecuri	cially ties)	Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemd Execution if any (Month/Da	Date,	te, Trans		5. Number 6. Ex		Exp	Date Exercisal piration Date onth/Day/Year			7. Title and Amount of Securities Underlying Derivative S (Instr. 3 and		8 D S (I	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Owners Form: Direct (or India (I) (Inst	n: ct (D) direct	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exe	e rcisable		Expiration Date	Title	O N O	umber					
Non- Qualified Stock Option	\$21.65	09/15/2009			M			5,625	07/2	24/2004	(1) 0	07/24/2013	Comr		5,625	\$0	118,12	25	D	

Explanation of Responses:

(right to buy)

^{1.} Option vests in three equal annual installments beginning one year after the grant date.

** 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.