FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. 20549 |
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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

OMB APPROVAL 3235-0287 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* Featherstone Kyle | | | | | | 2. Issuer Name and Ticker or Trading Symbol Huron Consulting Group Inc. [HURN] | | | | | | | | Check | all app | o of Reportin dicable) dor er (give title | ng Per | rson(s) to Is 10% O Other (| wner | |
|--|--|-------|--------|-----------|--------------------------|--|--|---|------------------------------|--------|--|---------------------------|-------------------------|--|---|--|---|---|------------|--|
| | (2451) (1114415) | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/04/2022 | | | | | | | | X | below) | | below) | | | |
| (Street) | Street) CHICAGO IL 60607 | | | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 3. Indiv ine) X | · · | | | | | |
| | | Table | I - No | on-Deriva | tive S | Secui | rities | Acc | quirec | l, Dis | sposed of | , or E | Benefic | ially | Own | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/ | | | | · | Execution Date, | | ate, | 3. Transaction Code (Instr. 8) | | | Acquir (D) (Ins | ed (A) or str. 3, 4 ar | and 5) Securi Benefi | | cially I Following | Form (D) o | wnership n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | | Transa | saction(s) r. 3 and 4) | | | (Instr. 4) | |
| Common Stock 08/04/20 | | | | 22 | | | S | | 448 | D \$67 | | 32(1) | 2,172 | | | D | | | | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | vative Conversion Date Execution Date, irity or Exercise (Month/Day/Year) if any | | | | Transaction Code (Instr. | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | e Exerc ation D h/Day/ | | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | Der Sec (Ins | Price of ivative curity str. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transaction (Instr. 4) | y | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exerc | isable | Expiration Date | Title | Number of Shares | | | | | | | |

Explanation of Responses:

1. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$67.14 to \$67.60 for the sale of 448 shares. The undersigned undertakes to provide Huron Consulting Group Inc. ("Huron"), any security holder of Huron or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the ranges set forth in footnote (1) to this Form 4.

Ernest W. Torain, Jr.,

Attorney-in-fact for Kyle

08/08/2022

<u>Featherstone</u>

** 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.