FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| washington, b.c. 20049 | OMB APPROVA | | |
|--|-------------|-----|--|
| STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP | OMB Number: | 323 | |

| OMB Number: | 3235-0287 |
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| Estimated average bu | ırden |
| hours nor rosnonso. | 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 or Section 30(h) of the Investment Company Act of 1940

| Name and Address of Reporting Person* MOODY JOHN S | | | | | 2. Issuer Name and Ticker or Trading Symbol Huron Consulting Group Inc. [HURN] | | | | | | | | k all app Dired | olicable) ctor | | Owner | | |
|--|--|------------|------------------------------|---------|--|---|--|------------------|---|------------|------------------------|---|---|---|--|----------------|---------------|--|
| (Last) (First) (Middle) C/O HURON CONSULTING GROUP | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 04/01/2015 | | | | | | | | Offic belo | er (give title w) | Other below | (specify) | |
| 550 WEST VAN BUREN STREET | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) | O IL | ϵ | 60607 | | | | | | | | | X | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (St | ate) (| Zip) | | | | | | | | | | | | | | | |
| | | Tabl | e I - No | n-Deriv | ative | Sec | curitie | s Ac | quirec | l, Dis | sposed o | f, or E | Benefi | cially | Own | ed | | |
| 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day) | | | | | Execution Date, | | 3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4) | | and 5) Secur Benef | | icially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | | |
| | | | | | | | | Code | v | Amount (A) | | Pric | e | Trans | action(s) 3 and 4) | | (, | |
| Common Stock 04/01/20 | | | | | 2015 | .015 | | S ⁽¹⁾ | | 954 | D \$65 | | 5.37 ⁽²⁾ | 23,336 23,336 | | 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) | ative Conversion or Exercise Price of Derivative Security Derivative Security Date (Month/Day/Year) Execution Date, if any (Month/Day/Year) Security Security | | 4. Transa Code (8) | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Exercisable Expiration Date | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amount or Number of Title Shares | | Der Sec (Ins | rice of ivative urity tr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |

Explanation of Responses:

- 1. Automatic sale pursuant to a 10b5-1 plan.
- 2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$65.18 to \$65.82. 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 (2) to this Form 4.

Remarks:

Diane E. Ratekin, Attorney-infact for John S. Moody

04/02/2015

** Signature of Reporting Person

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.