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 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person*  EDWARDS JAMES D					2. Issuer Name <b>and</b> Ticker or Trading Symbol Huron Consulting Group Inc. [ HURN ]								5. Relationship of Reporting Person(s) to Issue (Check all applicable) X Director 10% Own					
	RON CONS	SULTING GRO	(Middle) UP			3. Date of Earliest Transaction (Month/Day/Year) 12/11/2012								Officer below)	(give title		Other (s below)	specify
	ST VAN BU	JREN STREET			4.	If Amer	ndme	nt, Date	of Origina	ıl File	ed (Month/Da	y/Year)	6. Ir	dividual or (	Joint/Group	Filing	(Check Ap	plicable
(Street) CHICAC	GO IL		60607												iled by Mor		orting Perso one Repo	
(City)	(S	tate)	(Zip)															
		Tab	le I - No	on-Deri	ivativ	e Sec	urit	ies Ac	quired	, Di	sposed o	f, or Be	neficiall	y Owned	l			
1. Title of Security (Instr. 3)  2. Transa Date (Month/D			Execution Date,		3. Transaction Code (Instr. 3, 4 a 8)					es ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership					
						Code	v	Amount	(A) or (D)	Price	Transac	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)			
Common Stock 12/2		12/11	/2012	)12		M		12,903(1	) A	\$15.5	46	46,871		D				
Common Stock 12/11/20			/2012	012		S		5,161	D	\$33.59	2) 41	,710		D				
		-	Table II								posed of, convertil			Owned				
1. Title of Derivative Security (Instr. 3)  2. Conversion or Exercise Price of Derivative Security  (Instr. 3)  3. Transaction Date Execution Date (Month/Day/Year)  (Month/Day/Year)  (Month/Day/Year)		n Date,	4. Transaction Code (Instr. 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Ownersh Form: Direct (D or Indire (I) (Instr.	Ownership	Beneficial Ownership ct (Instr. 4)			
					Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	Amount or Number of Shares					
Stock Options (Right to	\$15.5	12/11/2012			M			12,903	10/12/20	004	10/12/2014	Common Stock	12,903	\$0	0(3)		D	

## **Explanation of Responses:**

- 1. Common stock acquired upon the exercise of options granted October 12, 2004.
- 2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$33.45 to \$33.88. 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.
- 3. These options were granted to the reporting person on 10/12/2004, with one-third of these options vesting on the grant date, and one-third vesting on the date of each of the next two annual meetings of the Company.

## Remarks:

<u>Diane E. Ratekin, Attorney-in-fact for James D. Edwards</u>

12/12/2012

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.