## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington,    | D.C. | 20549 |
|----------------|------|-------|
| vvasiliigtori, | D.C. | 20343 |

| Check this box if no longer subject to |  |
|--|--|
| Section 16. Form 4 or Form 5           |  |
| bligations may continue. See           |  |
| notyrotion 1/h)                        |  |

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: 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

| Name and Address of Reporting Person*     MOODY JOHN S |   |        |   |         |                            | 2. Issuer Name and Ticker or Trading Symbol Huron Consulting Group Inc. [ HURN ] |   |               |                                    |       |   |  |  |                      |  | all applicable) Director           |   | g Person(s) to Issuer<br>10% Owner                                |                                       |  |
|--|---|--------|---|---------|----------------------------|--|---|---------------|------------------------------------|-------|---|--|--|----------------------|--|------------------------------------|---|---|---------------------------------------|--|
|  | (Fi   |        | 3. Date of Earliest Transaction (Month/Day/Year) 08/15/2016 |         |                            |  |   |               |                                    |       |   |  | Offic<br>below   | er (give title<br>w) |  | Other (specify below)              |   |   |                                       |  |
| 550 WEST VAN BUREN STREET  (Street)                    |   |        |   |         | 4. If                      | 4. If Amendment, Date of Original Filed (Month/Day/Year)                         |   |               |                                    |       |   |  |  |                      | G. Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person |                                    |   |   |                                       |  |
| CHICAG   | O IL  | (      | 50607   |         |                            |  |   |               |                                    |       |   |  |  |                      |  |                                    | n filed by Moi  |   |                                       |  |
| (City)   | (St   | ate) ( | Zip)  |         |                            |  |   |               |                                    |       |   |  |  |                      |  |                                    |   |   |                                       |  |
|  |   | Tabl   | e I - Nor   | n-Deriv | ative                      | Se   | curitie   | s Acc         | quired,                            | Dis   | posed o   | f, o   | r Ben  | efici                | ally   | Owne                               | ed  |   |                                       |  |
| Date   |   |        |   |         | Date<br>(Month/Day/Year) i |  | 2A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year) |               | Transaction Dis                    |       | Disposed  | curities Acquired (A)<br>sed Of (D) (Instr. 3, |  |                      |  |                                    |   | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4) | of Indirect                           |  |
|  |   |        |   |         |                            |  |   |               | Code                               | v     | Amount  |  | (A) or<br>(D)  | Price                | :  | Transaction(s)<br>(Instr. 3 and 4) |   |   | (                                     |  |
| Common Stock 08/15                                     |   |        |   |         |                            | 5/2016   |   |               |                                    |       | 250   |  | D  | \$60.98              |  | 98 20,314                          |   | D   |                                       |  |
|  |   | Та     |   |         |                            |  |   |               |                                    |       | sed of,<br>onvertib   |  |  |                      |  | vned                               |   |   |                                       |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)    | Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any |        |   |         |                            | ransaction of Ode (Instr. ) Se Ac (A) Dis  |   | sed<br>. 3, 4 | 6. Date E<br>Expiratio<br>(Month/D | n Dat | Amount<br>Securiti<br>Underly<br>Derivati<br>Security<br>and 4) |  | ount of<br>curities<br>derlying<br>ivative<br>curity (In<br>I 4) | ount                 |  |                                    | 9. Number of<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s<br>(Instr. 4) | Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | Beneficial<br>Ownership<br>(Instr. 4) |  |
|  |   |        |   |         | Code                       |  |   |               | Date Expiration Exercisable Date   |       | Expiration<br>Date  | Number<br>of<br>Title Shares                   |  |                      |  |                                    |   |   |                                       |  |

## **Explanation of Responses:**

1. Automatic sale pursuant to a 10b5-1 plan.

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

\*\* 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.