FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington,	D.C.	20549	

STATEMENT	<b>OF CHANGE</b>	S IN BENEFICI	<b>AL OWNERSHIP</b>

OMB APPR	OVAL								
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*  LOCKHART H EUGENE					2. Issuer Name and Ticker or Trading Symbol Huron Consulting Group Inc. [ HURN ]										o of Reportir licable) tor	ng Per	rson(s) to Is			
(Last)	(Fir	st) (M	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 03/06/2024									Office below	er (give title /)		Other (s below)	specify		
C/O HURON CONSULTING GROUP					4. If A	Amend	ment, I	Date o	of Origin	nal File	ed (Month/Da	y/Year)	6.	6. Individual or Joint/Group Filing (Check Applicable						
550 WEST VAN BUREN STREET					]						Li	Line)								
(Street)													X Form filed by One Reporting Person  Form filed by More than One Reporting  Person							
CHICAC	GO IL	О	0607		D	Dula 10hE 1(a) Transaction Indication														
(City)	(Str	ata) (7	Zin)		Nui	Rule 10b5-1(c) Transaction Indication														
(City) (State) (Zip)						Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.														
		Table	I - No	on-Deriva	tive S	Secui	ities	Acc	quired	l, Dis	posed of	, or B	enefici	ally	Own	ed				
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/				/Year) Execution		eemed ition Date, h/Day/Year)				s Acquired (A) o f (D) (Instr. 3, 4 a		and 5) Secur Benef Owne		cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
										v	Amount	(A) or (D)	Price	- 1	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common	Stock			03/06/20	.024				S		1,100 D \$9		\$97.9	29,997		9,997	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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execu if any	eemed Ition Date, h/Day/Year)	Transaction Code (Instr. 8) S A A (#		5. Nu of Deriv Secur Acqu (A) or Dispo of (D) (Instr and 5	rities ired rosed : 3, 4	6. Date Exer Expiration I (Month/Day/		ate	7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)				9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	,	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exerci	isable	Expiration Date	Title	Amount or 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 \$97.89 - \$98.04. 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.

## Remarks:

Ernest W. Torain, Jr., Attorney-in-fact for H. Eugene 03/08/2024 Lockhart

\*\* 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.