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 | | | | | | | | | |

0.5

hours per response:

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] | | | | | | | | | Check all | nship of R applicabl pirector | le) | 10% (| Person(s) to Issuer 10% Owner Other (specify | |
|---|--|--|--|---------|--|---|--------------------------------------|-------|--|---|--------------------|---|-------------------|--|---|---|---|--|--|
| | | ULTING GROU | Middle) JP | | | 3. Date of Earliest Transaction (Month/Day/Year) 04/01/2008 | | | | | | | | | | elow) | | below) | |
| 550 WEST VAN BUREN STREET (Street) CHICAGO IL 60607 | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting | | | | | |
| (City) | (St | ate) (. | Zip) | | | | | | | | | | | | | erson | | , ana. 1 0 1 0 1 1 0 1 | , or will g |
| | | Tabl | e I - Nor | n-Deriv | ative | Se | curiti | es Ac | quired | , Dis | sposed o | of, or | Ben | efici | ally Ov | vned | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | Execution Date, | | Transaction Disposed Code (Instr. 5) | | | rities Acquired (A) ed Of (D) (Instr. 3, 4 | | | nd Se Be Ov | . Amount of Securities Beneficially Owned Following Reported | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | Code | v | Amount | | (A) or (D) | Price | , Tr∂ | ansaction str. 3 and | | | (111311.4) |
| Common Stock 04/01/ | | | | 1/2008 | /2008 | | | | | 338 | | D | \$43 | 3.26 | 14,846 | | D | | |
| Common Stock 04/0 | | | | 04/01 | 01/2008 | | | | S ⁽¹⁾ | | 50 | | D | \$43 | 3.26 | 14,796 | | 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) | 3A. Deem Execution if any (Month/Da | Date, | Date, Transaction Code (Inst | | on of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | str. 3 | 8. Price Derivati Security (Instr. 5 | ve deriv Secu Bene Own Follo Repo Trans | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (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 Exercis | able | Expiration Date | Title | or Nur of | ount nber res | | | | | |

Explanation of Responses:

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

Remarks:

Natalia Delgado, Attorney-infact for H. Eugene Lockhart

04/03/2008

** 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.