FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, [| D.C. 20549 |
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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 |
|--------|-------------------------------------|
| \Box | to Section 16. Form 4 or Form 5 |
| \cup | 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* Roth James H | | | | | 2. Issuer Name and Ticker or Trading Symbol Huron Consulting Group Inc. [HURN] | | | | | | | | | 5. Relationshi (Check all app X Direct | | plicable) | | Person(s) to Issuer 10% Owner | | |
|--|--|--|---------------------------------|--------------------------|--|---|---------------------------|---|---------------------|---|--------------------|---------|---------------------------------------|--|--|---|--|---|------------|--|
| (Last) 550 WES | (Fir | st) (N | Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/28/2023 | | | | | | | | | Office below | er (give title | Other (sp below) | | specify | |
| (Street) CHICAC | | | 0607 Zip) | | 4. If <i>F</i> | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | or Joint/Group Filing (Check Applicable m filed by One Reporting Person m filed by More than One Reporting son | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| Date | | | 2. Transac Date (Month/Da | Execu ly/Year) if any | | Deemed ecution Date, any onth/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5) | | | and Securi Benefi Owned | | ies cially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code | v | Amount | (A) (D) | or Pri | ice | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | |
| Common Stock 02/28 | | | | 02/28/2 | 2023 | | | | Α | | 4,791(1) | A \$0 | | 0.00 | 92 | 2,363 | | D | | |
| Common Stock | | | | | | | | | | | | | 3,855 | | | I | By Family LLC | | | |
| | 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) | Execution Date, Transaction of | | | | r osed) r. 3, 4 | Expiration Date Amount or Securities Underlying Derivative Security (I 3 and 4) | | | | | Dei Sed (Ins | Price of rivative curity str. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transactions (Instr. 4) | y C | 0. Ownership Form: Direct (D) or Indirect () (Instr. 4) | Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exercisable | | Expiration Date | Title | Amour or Number of Shares | er | | | | | | |

Explanation of Responses:

1. Relates to the component of a performance share award for which the performance condition has been satisfied, all of which will vest on March 1, 2023.

Ernest W. Torain, Jr.,

Attorney-in-fact for James H. 03/02/2023

** 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.