FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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| | | |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP 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

| | OMB APPROVAL | | | | | | | | | | |
|---|--------------------------|-----|--|--|--|--|--|--|--|--|--|
| | OMB Number: 3235- | | | | | | | | | | |
| | Estimated average burden | | | | | | | | | | |
| - | hours per response: | 0.5 | | | | | | | | | |

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|--|---|--------|-------------|---------|------------------|---|---|--------------------|--|-----------------|---|---|----------|-----------------|---|---|---|--|--|--|
| Name and Address of Reporting Person* | | | | | | 2. Issuer Name and Ticker or Trading Symbol Huron Consulting Group Inc. [HURN] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
| Singh-Bushell Ekta | | | | | | Train Consuming Group me. [month] | | | | | | | | | X Dir | ector | 10% | Owner | | |
| (Last) | ` | , | Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/01/2019 | | | | | | | \dashv | | cer (give title ow) | | Other (specify below) | | | |
| C/O HURON CONSULTING GROUP INC. | | | | | | | | | | | | | | | | | | | | |
| 550 WEST VAN BUREN STREET | | | | | 4 15 | A If Amandment Date of Original Filed (Month/Day/Mass) | | | | | | | | + | 6 Individual or Jaint/Croup Filing (Cheek Applicable | | | | | |
| | | | | | - 4. " | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) | | | | | | | | | | | | | | | X Fo | m filed by On | e Reporting Per | son | | |
| CHICAC | GO IL | (| 50607 | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | |
| (City) | (Si | ate) (| Zip) | | | 1 03011 | | | | | | | | | | | | | | |
| | | Tabl | e I - Nor | n-Deriv | vative | Sec | curitie | s Acc | quired, | Dis | posed o | of, or | Bene | efici | ally Owi | ned | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | | Day/Year) Ex | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Disposed Code (Instr. 5) | | ties Acquired (A d Of (D) (Instr. 3, | | | nd Secu Bene | nount of rities ficially ed Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | | | Code | v | Amount | mount (A) or (D) | | Price | Tran | Transaction(s) (Instr. 3 and 4) | | (msu: 4) | | |
| Common Stock 06/01 | | | | | 1/2019 | | | | A 4,063 | | (1) | A | \$ | 0 | 7,488 | D | | | | |
| | | Та | able II - D | | | | | | | | sed of, onvertib | | | | y Owne | d | | | | |
| 1. Title of Derivative Security (Instr. 3) | Derivative Conversion Date Execution Date, Trans Security or Exercise (Month/Day/Year) if any Code | | | | Transa Code (| saction of | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| Code | | Code | v | (A) | (D) | Date Exercisal | | Expiration Date | Title | or Nun of | ount nber res | | | | | | | | | |

Explanation of Responses:

1. Huron Consulting Group Inc. awarded restricted stock to reporting person.

Diane E. Ratekin, Attorney-infact for Ekta Singh-Bushell

** 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.