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 | | | | | | | | | |
| 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* EDWARDS JAMES D | | | | | | | 2. Issuer Name and Ticker or Trading Symbol Huron Consulting Group Inc. [HURN] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
| ED WA. | INDO JAIN | TES D | | | | | | | | | | | | | X | Direct | tor | 10 | % Owner | | |
| (Last) (First) (Middle) C/O HURON CONSULTING GROUP | | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/02/2006 | | | | | | | | | Officer (give title below) | | | Other (specify below) | | |
| 550 WEST VAN BUREN STREET | | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | |
| (Street) | | | | | | | | | | | | | | | | X Form filed by One Reporting Person | | | | | |
| CHICAG | CHICAGO IL 60607 | | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | | |
| (City) (State) (Zip) | | | | | | | | | | | | | | | | | | | | | |
| | | Tabl | e I - Nor | n-Deriv | ative | Se | curitie | s Acc | quired, | Dis | posed o | f, or | Bene | ficia | ally O | wne | d | | | | |
| Date | | | | | | nth/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) 4. Securi Disposed 5) | | | | | 4 and Se Be Ov | | unt of ies cially Following | 6. Ownersh Form: Direc (D) or Indire (I) (Instr. 4) | of Indirect ect Beneficia Ownersh | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | v | Amount | (| A) or D) | Price | Ti | Reported Transaction(s) (Instr. 3 and 4) | | | (111511.4) | | | | | |
| Common | Stock | 2/2006 | 5 | | | | | 5,700(1) | | Α | \$(| \$0 1 | | 9,650 | D | | | | | | |
| | | Та | | | | | | | | | sed of, onvertib | | | | / Owr | ned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemd Execution if any (Month/Da | Date, | ransaction Code (Instr | | | | 6. Date Expiration (Month/Date) | е | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | | 8. Price Deriva Securi (Instr. ! | rative d rity S . 5) B O F R | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | hip of Indire Beneficia O) Ownersh ect (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exercisal | | Expiration Date | Title | or Num of Sha | ber | | | | | | | |

Explanation of Responses:

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

Remarks:

<u>Natalia Delgado, Attorney-in-fact for James D. Edwards</u>

05/04/2006

** 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.