FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL OMB Number:

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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

					OI :	Secu)II 30(I	i) oi trie	HIVE	esumem	Con	прапу Асі	01 1940									
1. Name and Address of Reporting Person* <u>Rojas James K</u>							2. Issuer Name and Ticker or Trading Symbol Huron Consulting Group Inc. [HURN]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Volter (specify					
(Last) (First) (Middle) 550 WEST VAN BUREN STREET						3. Date of Earliest Transaction (Month/Day/Year) 12/30/2005										below) Former VP, Corp Development						
(Street) CHICAGO IL 60607 (City) (State) (Zip)					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 Person						
		Tab	le I - No	n-Deriv	ative	e Se	curiti	ies Ad	cau	ired.	Disi	oosed c	of. or B	enefi	cially	/ Owned	<u> </u>					
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da					action	ar) i	2A. Deemed Execution Date, f any (Month/Day/Year)		,	3. Transaction Code (Instr.		4. Securities Acquir Disposed Of (D) (Ins 5)		red (A)	or	5. 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) (D)	or Pr	ice	Transac (Instr. 3	tion(s)			(111511.4)		
Common Stock 12/30/2						2005			\top	D		15,775	i ⁽¹⁾ [)	\$ <mark>0</mark>	11	,144		D			
		7	able II -									osed of, onverti				Owned						
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,	4. Transaction Code (Instr. B)				Exp	Date Exe piration onth/Day	Date	Amour Securi Under Deriva		unt of rities		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	s S Ily	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Dat	te ercisabl		xpiration ate	Title	Amo or Num of Shar	ber							
Stock Options (Right to Buy)	\$0.58	12/30/2005			D ⁽²⁾			3,261	05	5/23/2004	4 0	5/23/2013	Commor Stock	3,2	61	\$0	3,261		D			
Stock Options (Right to	\$1.96	12/30/2005			D ⁽³⁾			3,261	03.	3/17/2005	5 0	3/17/2014	Commor Stock	3,2	61	\$0	1,087	,	D			

Explanation of Responses:

- 1. Restricted shares forfeited as a result of resignation from Huron.
- 2. Forfeiture of unexercisable options held by the reporting person from an original grant of 6,522 options on May 23, 2003, which vested over a four-year period, with 25% vesting on each anniversary of the grant date, subject to acceleration or termination in certain circumstances
- 3. Forfeiture of unexercisable options held by the reporting person from an original grant of 4,348 options on March 17, 2004, which vested over a four-year period, with 25% vesting on each anniversary of the grant date, subject to acceleration or termination in certain circumstances.

Remarks:

Natalia Delgado, Attorney-infact for James K. Rojas

01/03/2006

** 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.