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FTI CONS	ULTING INC										
Form 4											
June 07, 20	006										
FOR	M 4								OMB APPROVAL		
	UNITED	STATES SI	ECURITIES A Washington			NGE	COMMISSIO	ONID	3235-0287		
Check	this box		vv asnington	l, D.C. 20	J349			Number:	January 31,		
if no lo	STATES	MENT OF C	HANGES IN	BENEF	ICIA		WNERSHIP OF	Expires:	2005		
subject Sectior	10			RITIES	10111			Estimated	ated average en hours per		
Form 4								response			
Form 5	riicu pu	rsuant to Sec	tion 16(a) of th	he Securi	ties Ex	xchar	nge Act of 1934,	•			
obligat may co			•	•	- ·		of 1935 or Secti	on			
-	truction	30(h) of	the Investmen	t Compa	ny Act	of 1	940				
1(b).											
(Print or Type	e Responses)										
(i iiii oi i jp	e nesponses)										
1. Name and	Address of Reporting	Person <u>*</u> 2	2. Issuer Name an	d Ticker of	r Tradin	g	5. Relationship	of Reporting Per	cson(s) to		
OMALLE	Y PETER F	Sy	mbol			-	Issuer				
		F	FI CONSULTI	ING INC	[FCN	[]	(Ch	eck all applicabl	e)		
(Last)	(First) (Middle) 3.	Date of Earliest T	Transaction			(en	eek un applieuol	()		
			Ionth/Day/Year)				_X_ Director		% Owner		
	ATT STREET, SU	ITE 06	5/05/2006				Officer (giv below)	ve title Oth below)	ner (specify		
1400											
	(Street)		If Amendment, D	-	al		6. Individual or	Joint/Group Fili	ng(Check		
		Fil	led(Month/Day/Yea	ar)			Applicable Line) _X_ Form filed by	/ One Reporting P	erson		
BALTIM	DRE, MD 21202						Form filed by	More than One R			
							Person				
(City)	(State)	(Zip)	Table I - Non-	Derivative	Securi	ties A	cquired, Disposed	of, or Beneficia	lly Owned		
1.Title of	2. Transaction Date		3.	4. Securit			5. Amount of	6. Ownership	7. Nature of		
Security	(Month/Day/Year)	Execution Dat		onAcquired Disposed				Form: Direct (D) or Indirect	Indirect		
(Instr. 3)		any (Month/Day/Y	Code Year) (Instr. 8)	(Instr. 3,	. ,)	Beneficially Owned	(D) or indirect (I)	Ownership		
				(•	Following	(Instr. 4)	(Instr. 4)		
					(A)		Reported				
					or		Transaction(s) (Instr. 3 and 4)				
			Code V	Amount	(D)]	Price					
Reminder: R	eport on a separate line	e for each class	of securities bene	ficially ow	ned dire	ectly o	or indirectly.				
							pond to the colle		SEC 1474		
				inform	nation	cont	ained in this form	n are not	(9-02)		

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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned
 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number	6. Date Exercisable and	7. Title and Ame
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onof Derivative	Expiration Date	Underlying Secu
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)

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Code V (A) (D) Date Exercisable Expiration Title Date					l of	Acquired (A) or Disposed (D) (Instr. 3, - and 5)	. 8)	(Instr.	(Month/Day/Year)		Price of Derivative Security	(Instr. 3)
	A or N of Sł	Title		Date Exercisable	(D)	(A)	V	Code				
Stock Option \$ 25.92 06/05/2006 A 4.547 06/05/2006 ⁽¹⁾ 06/05/2016 Commo		Common Stock	06/05/2016	06/05/2006 <u>(1)</u>		4,547		А		06/05/2006	\$ 25.92	<u>^</u>
Reporting Owners										S	g Owner	Reporting
Reporting Owner Name / Address Director 10% Owner Officer Other								04	-		Name / Address	Reporting Owner

OMALLEY PETER F **500 E PRATT STREET SUITE 1400** BALTIMORE, MD 21202

Signatures

By: Theodore I. Pincus, Power of Attorney For: Peter F. 06/07/2006 O'Malley Date

Х

**Signature of Reporting Person

Explanation of Responses:

- 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).
- (1) Option fully exercisable on grant date.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.