FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| l | OMB APPRO | VAL | | | | |
|---|------------------------|-----------|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | |
| l | Estimated average burd | en | | | | |
| l | hours per response: | 0.5 | | | | |

| | Check this box if no longer subject to |
|--------|--|
| \neg | 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* Delgado Natalia | | | | | | | Susuer Name and Ticker or Trading Symbol Huron Consulting Group Inc. [HURN] Just of Earliest Transaction (Month/Day/Year) | | | | | | | | k all app Dired Offic | onship of Reporti all applicable) Director Officer (give title below) | | 10% (| Owner r (specify |
|---|---|----|------------------------------|--|---|---|--|--|------------------|--------|--|-------|---|--|-----------------------------|---|--|--|---------------------|
| (Last) (First) (Middle) 550 WEST VAN BUREN STREET | | | | | | | 03/01/2010 | | | | | | | | VP, | P, Gen. Counsel & Corp. Sec. | | | ec. |
| (Street) CHICAC | | | 50607 Zip) | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) 03/03/2010 | | | | | | | | | Forn | al or Joint/Group Filing (Check Applicable orm filed by One Reporting Person orm filed by More than One Reporting erson | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day | | | | | Execution Date, | | | 3. Transa Code (8) | | | ecurities Acquired (A) or losed Of (D) (Instr. 3, 4 an | | | 5. Amo Securit Benefic Owned Report | ties cially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | Code | v | Amount | (A) or (D) | Price | | Transa | action(s) 3 and 4) | | | (Instr. 4) | |
| Common Stock 03/01/2 | | | | | 2010 |)10 | | | S ⁽¹⁾ | | 1,133 | D | \$23. | 12 ⁽²⁾ | 43 | 3,977 | | D | |
| Common Stock 03/01/2 | | | | | 2010 | 10 | | F | | 470 | D | \$23 | .68 | 43 | 43,507 | | D | | |
| Common Stock | | | | | | | | | | | | | | | 1,792 | | | By Daughters | |
| | | Та | ıble II - | | | | | | | | osed of, convertib | | | | wned | | | | |
| 1. Title of Derivative Security (Instr. 3) | Conversion or Exercise (Month/Day/Year) Price of Derivative Security Execution Date, if any (Month/Day/Year) (Month/Day/Year) | | 4. Transa Code (8) | | Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amount of Or Number of Title Shares | | Price of rivative curity str. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | y | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |

Explanation of Responses:

- 1. Automatic sale pursuant to a 10b5-1 trading plan.
- 2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$23.07 to \$23.20. The undersigned undertakes to provide Huron Consulting Group Inc. ("Huron"), any security holder of Huron or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the ranges set forth in footnote (2) to this Form 4.

Remarks:

Natalia Delgado

03/15/2010

** 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.