Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

Washington,	D.C.	20549	
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL						
OMB Number: 3235-0287						
Estimated average burden						
hours per response	: 0.5					

										npany Act of 1						
1. Name and Address of Reporting Person*				2. Issuer Name and Ticker or Trading Symbol CRA INTERNATIONAL, INC. [CRAI]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
<u>Avery Thomas Aiken</u>				GIGTHVIERWITTOTIME, IIV.							X Direc	tor	10% (Owner		
(Last)	(Fii	,	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 07/28/2021							Office below	er (give title v)	Other below	(specify)	
200 CLF	KENDON	JIKEEI			4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Ir	6. Individual or Joint/Group Filing (Check Applicable				
(Street)				(Line	Line)				
BOSTO	N M.	A 0	2116									X Form	filed by On	e Reporting Per	son	
												Form Perso		re than One Re	porting	
(City)	(St	ate) (2	Zip)													
		Table	I - Non-l	Deriva	tive S	ecuri	ities Acq	uired,	Dis	osed of,	or Ben	eficia	lly Own	ed		
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da			Execution Date,		3. 4. Securitie Transaction Code (Instr. 8) 5,						6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership				
								Code	v	Amount	(A) or (D)	Price	Transa	ed ction(s) 3 and 4)		(Instr. 4)
Common	Stock			07/28/2	2021			A		1,166(1)	A	\$0.00	.00 15,434		D	
										,	11	Ψ0.00	1 1	7,707		
		Tal					•	red, D	•	sed of, or	r Bene	ficiall				

Explanation of Responses:

1. The shares vest in four equal annual installments beginning on the first anniversary of the date of grant.

<u>Delia J. Makhlouta, by power</u> of attorney

Security (Instr. 3 and 4)

Title

Expiration

Date

Amount Number

Shares

07/30/2021

Following Reported

Transaction(s) (Instr. 4)

** 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).

Code

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.

(A) or Disposed

of (D) (Instr. 3, 4 and 5)

(A) (D)

Date Exercisable