FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

	OMB APPROVAL									
	OMB Number:	3235-0287								
l	Estimated average burd	en								
l	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* Maleh Paul A (Last) (First) (Middle) 200 CLARENDON STREET, T-33					2. Issuer Name and Ticker or Trading Symbol CRA INTERNATIONAL, INC. [CRAI]										Relationship of Reporting Person(s) to Issuer (Check all applicable) Director Officer (cive title Check Consoling Consoling Check					
					ate o		st Trans	saction (Mo	onth/	Day/Year)	, x			below)	· · · I					
(Street) BOSTON MA 02116				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					
(City) (State) (Zip)						Person														
		Tabl	le I - No	n-Deriv	/ative	Se	curitie	es Ac	quired,	Dis	posed o	f, or	Bene	ficially	Owned					
1. Title of Security (Instr. 3) 2. Transa Date (Month/D				Execution Date		n Date,	Transaction Di			. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			5. Amour Securitie Beneficia Owned F Reported	es ally Following	Form	: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									Code	v	Amount	(A (D) or)	Price	Transaction(s) (Instr. 3 and 4)				(111341. 4)	
Common Stock 05/07/2					7/2009			F		589	D \$2		\$21.99	53,023			D			
		Т									osed of, convertib				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/D	n Date,	4. Transa Code (8)		tion of E		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Am of Securities Underlying Derivative Secu (Instr. 3 and 4)		ecurity	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s Illy	Ownershi Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership t (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisab	le	Expiration Date	Title	1	Amount or Number of Shares						
Nonqualified Stock Option (right to buy)	\$22.81								06/05/20	06	06/05/2013	Comi		1,880		1,880)	D		
Incentive Stock Option (right to buy)	\$22.81								06/05/200	3 ⁽¹⁾	06/05/2013	Com: Sto		4,620		4,620	0	D		
Nonqualified Stock Option (right to buy)	\$32.26								11/25/20	05	05/10/2014	Comi		15,000		15,00	0	D		
Nonqualified Stock Option (right to buy)	\$50.09								04/01/200	5 ⁽²⁾	04/01/2015	Comi		10,492		10,49	2	D		
Incentive Stock	\$50.09								04/01/200	5 ⁽³⁾	04/01/2015	Comi		4,508		4,508	3	D		

Explanation of Responses:

to buy)

- 1. Date indicated is date of grant. 1,370 shares vest on the third anniversary of the date of grant and 3,250 shares vest on the fourth anniversary of the date of grant.
- 2. Date indicated is date of grant. The option vests over four years, as follows: 3,750 shares vest on the first anniversary of the date of grant; 3,234 shares vest on the second anniversary of the date of grant and 1,754 shares vest on each of the third and fourth anniversaries of the date of grant.
- 3. Date indicated is date of grant. 516 shares vest on the second anniversary of the date of grant and 1,996 shares vest on each of the third and fourth anniversaries of the date of grant.

Delia J. Makhlouta, by power 05/11/2009

** 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.