Che

FORM 4

1. Name and Address of Reporting Person

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

wasnington,	D.C.	20549	

Check this box if no longer subject to	STA
Section 16. Form 4 or Form 5	
obligations may continue. See	
Instruction 1(h)	

ATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

5. Relationship of Reporting Person(s) to Issuer

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

2. Issuer Name and Ticker or Trading Symbol

MACKIE WAYNE D					CRA INTERNATIONAL, INC. [CRAI]									Directo	Director		10% Owner		
(Last) 200 CLAF	(Firs	TREET, T-33	Middle)			ate of 10/20		t Trans	nsaction (Month/Day/Year)					helow)	Officer (give title below) EVP, CFO a		Other (speci below) and Treasurer		
(Street) BOSTON	MA	1 0	2116		4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)							Lin	e) X Form f	ividual or Joint/Group Filing (Check Form filed by One Reporting P Form filed by More than One R			erson	
(City)	(Sta	te) (2	Zip)											Persor		e ulali	Опе керо	rung	
Table I - Non 1. Title of Security (Instr. 3)			2. Transa	Transaction		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4		d (A) or	5. Amou	es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	(A) or (D)	Price	Transact	Transaction(s) (Instr. 3 and 4)			(Instr. 4)		
Common Stock			03/10	0/2011				F		527	D	\$25.1	.1 12,	,191		D			
Common Stock			03/10	0/2011				F		125 Г		\$25.3	66 12,	,066		D		1	
				(e.g., p	uts, o		, war	rants	, option	ıs, c	osed of, convertib	le secu	rities)						
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. Transaction Code (Instr. 8)		n of		6. Date Exercisa Expiration Date (Month/Day/Yea		•	7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	Owner Form: Direct or Indi (I) (Ins	Ownership	Beneficial Ownershi ct (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisab		Expiration Date	Title	Amount or Number of Shares						
Nonqualified stock options (right to buy)	\$21.43								11/08/2010	ŋ ⁽¹⁾	11/08/2017	Common Stock	7,466		7,466	5	D		
Restricted Stock Units	(2)								(3)		(3)	Common Stock	3,733		3,733	3	D		
Incentive Stock Option (right to buy)	\$41.16								10/05/200	05	10/05/2015	Common Stock	9,716		9,716	5	D		
Nonqualified Stock Option (right	\$41.16								10/05/20	05	10/05/2015	Common Stock	15,284		15,28	4	D		

Explanation of Responses:

to buy)

- 1. Date indicated is date of grant. The option vests in four equal annual installments beginning on the first anniversary of the date of grant.
- 2. Each restricted stock unit represents a contingent right to receive one share of the Issuer's common stock; vested restricted stock units are payable in the form of cash, shares of the Issuer's Common Stock or a
- 3. The restricted stock units vest in four equal annual installments beginning November 8, 2011. Vested shares will be delivered to the reporting person as soon as possible after vesting.

Delia J. Makhlouta, by power of attorney

03/10/2011

** 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.