FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washir

ngton, D.C. 20549	OMB APPROVAL

	UIVID APP	RUVAL	
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-0287	
	Estimated average hurden		

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

														- 8							
Name and Address of Reporting Person*  Kesavan Sudhakar					2. Issuer Name and Ticker or Trading Symbol ICF International, Inc. [ ICFI ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
Kesavan Suunakai				1										X	Direc	ctor		10% C	wner		
,					·										X	Offic	er (give title		Other	(specify	
(Last) (First) (Middle)					3. D	3. Date of Earliest Transaction (Month/Day/Year)									Λ	belov	N)		below)		
C/O ICF INTERNATIONAL, INC.				09/	09/28/2006									Chairman, President and CEO							
<b>'</b>																					
9300 LEE HIGHWAY				$\vdash$																	
				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable						
(Street)															ine)	_		_			
FAIRFA	K VA	Λ 2	22031												X	Forn	n filed by One	e Repor	ting Pers	on	
					.												n filed by Mo	re than (	One Rep	orting	
(City)	(C+	oto) /	Zim)													Pers	on				
(City)	(51	ate) (	Zip)																		
		Tabl	e I - Noi	n-Deriv	ative	Se	curitie	s Acq	uired,	Dis	posed o	f, oı	r Bene	eficia	ally	Owne	ed				
1. Title of S	Security (Inst	r. 3)		2. Transa	action										ount of	6. Own		7. Nature			
		•		Date (Month/D	)av/Vaa	Execution Date, if any						Of (D	Of (D) (Instr. 3, 4 a			Securi Benefi			orm: Direct D) or Indirect	of Indirect Beneficial	
				(WIOTILITE			(Month/Day/Year)		8) (Ilisti.   5)		3)	5)			0		wned Following		(I) (Instr. 4)	Ownership	
										<del>-   -  </del>		(A) or			-	Reported Transaction(s)				(Instr. 4)	
									Code	V	Amount		(A) 01 (D)	Price	•	(Instr. 3 and 4)					
Common Stock 09/28/					/28/2006				A		50,000(1)		Α	\$0		150,000		1	D		
		T₂	hla II - I	Derivati	ive S	٥٥١١	ritias	Δοαμί	ired D	ieno	sed of,	or B	Ranafi	ciall	ν <b>Ω</b> ν	hanv					
		10									onvertib				y O	viicu					
					<i>1</i> 13, 0	uns	_	-				10 3	Courn	icoj			ı				
1. Title of Derivative	2. Conversion	3. Transaction Date	3A. Deemed Execution Dat if any		4. Transactio		5. Nu		6. Date Exercisable ar Expiration Date			7. Title and Amount of			8. Price o		9. Number o		nership	11. Nature of Indirect	
Security	or Exercise	(Month/Day/Year)		· 1	Code (In				(Month/E	Sec	Securities			ırity	Securities	For	Form:	Beneficial			
(Instr. 3)	Price of Derivative		(Month/Da	ay/Year) 8)		)		Securities Acquired		Und					(Instr. 5)		Beneficially Owned		Direct (D) or Indirect	Ownership (Instr. 4)	
	Security						(A) or						ivative urity (In:	str. 3	3		Following		Instr. 4)	(111511. 4)	
							Dispo					and	4)				Reported Transaction(s)				
						of (D) (Instr. 3, 4								(Instr. 4)	(8)						
				L			and 5)														
				Γ									Ame	ount							
													or	nber							
									Date		Expiration		of	inei							
		1		- 1	Code	lv	(A)	l (D)	Exercisa		Date	Title	Sha	res	I		l	- 1			

## **Explanation of Responses:**

1. These acquired shares are shares of restricted stock granted pursuant to the 2006 Long-Term Equity Incentive Plan. These shares vest 33.33% after 366 days from the date of grant, 33.33% on the second anniversary of the date of grant, and 33.33% on the third anniversary of the date of grant.

> /s/ James J. Maiwurm, Attorney-in-Fact

10/02/2006

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.