FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPRO | OVAL | | | | | |
|------------------------|-----------|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | |
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| hours per response: | 0.5 | | | | | |
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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

| Name and Address of Reporting Person* Lycion Dovid | | | | | | 2. Issuer Name and Ticker or Trading Symbol ICF International, Inc. [ICFI] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|---|--|--|--|--|---|---|------|--------|------------------|--|----------------------|----------------|---|------------------|--|---|---------------|--|--|--|
| <u>Lucien David</u> | | | | | | | | | | | | | | | | X Director | | 10% Owner | | |
| | | ΓΙΟΝΑL, INC. | Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 09/28/2006 Officer (give title below) below) Other (specify below) | | | | | | | | | | | | | | |
| 9300 LEE HIGHWAY | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6 | 6. Individual or Joint/Group Filing (Check Applicable | | | | | |
| (Street) FAIRFAX VA 22031 | | | | | - | | | | | | | | | | Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (St | ate) (2 | Zip) | | | | | | | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | | Execution Date, | | | Code | Transaction Disposed Of (D) Code (Instr. 5) | | | | (A) oi 3, 4 a | nd Secur Bene Owne | ficially d Following | Form (D) o | wnership n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | Code | v | Amount | (, | A) or D) | Pric | | action(s) 3 and 4) | | | (Instr. 4) | | | | |
| Common Stock 09/28. | | | | | 3/2006 | /2006 | | | | | 6,000 | (1) | A | \$ | 0 | 0 | | D | | |
| Common Stock 09/28 | | | | | 28/2006 | | | | P | | 4,900 | 4,900 <i>A</i> | | \$: | 12 | 15,900 | | D | | |
| | | Та | | | | | | | | | osed of, onvertib | | | | y Owned |] | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year | | 4. Transaction Code (Instr. 8) | | n of | | Expirati | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | / D | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | able | Expiration Date | Title | Amo or Nun of Sha | | | | | | | |

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, 10/02/2006 Attorney-in-Fact

** 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.