SEC Form 3 FORM 3

UNITED STATES SECURITIES AND EXCHANGE

COMMISSION

Washington, D.C. 20549

OMB APPROVAL

3235-OMB Number: 0104

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Estimated average burden hours per response: 0.5

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

	Address of Repo Marilyn C	2. Date of E Requiring S (Month/Day 09/02/202	Statement //Year)	3. Issuer Name and Ticker or Trading Symbol <u>ICF International, Inc.</u> [ICFI]							
(Last) 9300 LEE H (Street) FAIRFAX		(Middle)			Issuer	ationship of Reporting k all applicable) Director Officer (give title below)	10% C) wner (specify	File 6. II	d (Month/Day) ndividual or Jo eck Applicable Form filed Person	int/Group Filing Line) by One Reporting by More than One
(City)	(State)	(Zip)									
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)					2. Amount of Securities Beneficially Owned (Instr. 4) (I) (Instr. 5)		Direct ndirect	rect Ownership (Instr. 5) lirect			
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
			2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Se Underlying Derivative Se (Instr. 4)			4. Convers or Exerc	ise	5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr.
			Date Exercisable	Expiration Date	Title		Amount or Number of Shares	Price of Derivati Security	ve	Direct (D) or Indirect (I) (Instr. 5)	5)

Explanation of Responses:

No securities are beneficially owned.

/s/ James E. Daniel. Attorney-in-fact

Person

** Signature of Reporting

09/02/2020

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 5 (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.