FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: 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

| 1. Name and Address of Reporting Person* Morgan James C M | | | | | | 2. Issuer Name and Ticker or Trading Symbol ICF International, Inc. [ICFI] | | | | | | | | | | ck all appli Directo | ionship of Reporting Pe all applicable) Director | | 10% Owner | |
|--|---|--|---------------------------------------|---|--------|--|---|--------|---|--------------------------------------|--|------------------|----------------------|------------------------------------|----------|---|---|---------------------------------|--|---------------------------------------|
| (Last) 9300 LE | (Fi E HIGHW <i>P</i> | rst) | | 3. Date of Earliest Transaction (Month/Day/Year) 03/16/2017 | | | | | | | | | | X | below) | Officer (give title below) Chief Fiancial | | Other (specify below) | | |
| (Street) FAIRFAX VA 22031 (City) (State) (Zip) | | | | | - 4. I | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | Individual or Joint/Group Filing (Check Applicable le) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | | Tab | le I - No | n-Deriv | /ative | e Se | curit | ies Ad | cqui | ired, C | Disp | osed o | of, or Be | nefi | cially | Owned | t | | | |
| Date | | | | | | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) | | | l and Securiti Benefic Owned | | es ially Following | Forn (D) c | n: Direct or Indirect Instr. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | - | Code | , | Amount | t (A) or (D) | | ice | Transac | Reported Transaction(s) (Instr. 3 and 4) | | | Instr. 4) |
| Common 03/16/ | | | | | | 2017 | | | M | | 4,587 | 7 A | \$4 | 41.75 | 5 15,567 | | | D | | |
| Common 03/16/2 | | | | | | 5/2017 | | | | D | | 1,520 | 0 D | \$4 | 41.75 | 75 14,047 | | | D | |
| | | Т | | | | | | | | | | | , or Ben ble secu | | | Owned | | | | • |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemde Execution if any (Month/Da | Date, | | ransaction ode (Instr. | | ı of E | | Pate Exer piration D pnth/Day/ | ate | Amount of | | f s g Secui | 5 | s. Price of Derivative Security Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exe | e ercisable | | kpiration ate | Title | Amo or Num of Share | ber | | | | | |
| Restricted Stock | (1) | 03/16/2017 | | | M | | | 4,587 | | (2) | | (2) | Common | 4,5 | 87 | (1) | 9,171 | | D | |

Explanation of Responses:

- 1. The conversion price of the restricted stock unit exercise was \$41.75.
- 2. sents the second vesting anniversary (25%) of acquired restricted stock units granted pursuant to the 2010 Omnibus Incentive Plan, as amended.

/s/ James E. Daniel, Attorneyin-fact

03/20/2017

** 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.