1. Name and Address of Reporting Person
Kesavan Sudhakar
9300 LEE HIGHWAY
FAIRFAX VA 22031

2. Issuer Name and Ticker or Trading Symbol
ICF International, Inc. [ ICF ]

3. Date of Earliest Transaction (Month/Day/Year)
07/26/2019

4. If Amendment, Date of Original Filed (Month/Day/Year)

5. Relationship of Reporting Person(s) to Issuer
(X) Director 10% Owner
(X) Officer (give title and 10% Owner
below)
Chairman & CEO

6. Individual or Joint/Group Filing (Check Applicable Line)
(X) Form filed by One Reporting Person
Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

<table>
<thead>
<tr>
<th>Security</th>
<th>Code</th>
<th>Number of Shares</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>Common</td>
<td>M</td>
<td>3,034</td>
<td>$27.03</td>
</tr>
<tr>
<td>Common</td>
<td>D</td>
<td>3,034</td>
<td>$85</td>
</tr>
</tbody>
</table>

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

<table>
<thead>
<tr>
<th>Security</th>
<th>Code</th>
<th>Number of Shares</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nonqualified Stock Options</td>
<td>M</td>
<td>3,034</td>
<td>$27.03</td>
</tr>
</tbody>
</table>

Explanation of Responses:
1. The sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on 8/23/2018.
2. Represents options under the terms of the 2010 Omnibus Incentive Plan of which the options vested in three equal annual installments beginning on 3/18/2014.

/s/ James E. Daniel, Attorney-in-Fact
07/29/2019

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).

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.