FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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 3235-0287 Estimated average burden hours per response: 0.5

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5Filed 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 ar		Reporting Person*									Symbol						o of Reportin	ng Pe	erson(s) to Is	ssuer		
Morgan James C M						ICF International, Inc. [ICFI]									Director 10% Owner							
(Last) 1902 RE	ast) (First) (Middle) 202 RESTON METRO PLAZA					3. Date of Earliest Transaction (Month/Day/Year) 10/16/2024										Officer (give title Other (specify below) Chief Operating Officer						
(Street)	·				4. If Amendment, Date of Original Filed (Month/Day/Year)									Lin	6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person							
(City) (State) (Zip)																						
		Table	I - Non-Deriv	ative	e Sec	uriti	es A	cqui	ired,	Dis	posed o	of, or	Ben	eficia	ally C	Own	ed					
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year					2A. Deemed Execution Date, if any (Month/Day/Year)		ate,	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an				or and 5)	Secur Benef Owne Follow		rities For icially (D In wing (Ir		Ownership m: Direct or irect (I) itr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								Code	v	An	nount	(A) or (D)	or Price		- 1	Reported Transaction(s) (Instr. 3 and 4)						
Common 10/16/2024								S ⁽¹⁾			2,500	D	D \$175.06		94 ⁽²⁾ 37,663			D				
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3A. Deemed Execution Date, if any (Month/Day/Year)	Coc	Transaction Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)			Ame Sec Und Der Sec	7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		8. Price of Derivative Security (Instr. 5)		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
				Cod	de V	(A	s) (D)ate ixercisa	ble	Expiration Date	ı Title	or Nui of	nount mber ares								

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 March 5, 2024.
- 2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$175.0300 to \$175.1800, inclusive. The reporting person undertakes to provide to ICF International, Inc., any security holder of ICF International, Inc., or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the ranges set forth in this footnote to this Form 4.

/s/ Matthew Selander, 10/17/2024 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.