1. Name and Address of Reporting Person

**Datar Srikant**

(First) (Middle) (Last)

ICF INTERNATIONAL, INC.

9300 LEE HIGHWAY

FAIRFAX VA 22031

2. Issuer Name and Ticker or Trading Symbol

ICF International, Inc. [ICFI]

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

01/02/2009

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

01/06/2009

5. Relationship of Reporting Person(s) to Issuer

X Director

10% Owner

Officer (give title below)

Other (specify below)

6. Individual or Joint/Group Filing (Check Applicable Line)

X Form filed by One Reporting Person

Form filed by More than One Reporting Person

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

<table>
<thead>
<tr>
<th>1. Title of Security (Instr. 3)</th>
<th>2. Transaction Date (Month/Day/Year)</th>
<th>3. Transaction Code (Instr. 8)</th>
<th>4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)</th>
<th>5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)</th>
<th>6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)</th>
<th>7. Nature of Indirect Beneficial Ownership (Instr. 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Common Stock</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Common Stock</td>
<td>01/02/2009</td>
<td>A</td>
<td>143 (1) A</td>
<td>12,805</td>
<td>D</td>
<td></td>
</tr>
</tbody>
</table>

**Note:**

- **(1)**: 143 shares issued in lieu of cash for board retainer.

**Explanation of Responses:**

- 143 shares issued in lieu of cash for board retainer.

**Remarks:**

This amendment is being made to correct the actual transaction date. Original Form 4 reported the date as 1/6/2009, and the actual date was 1/2/2009.

Judith B. Kassel 01/06/2009

**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).


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.