1. Name and Address of Reporting Person
   
   **Glover Ellen**

   (Last) (First) (Middle)

   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)
   
   03/12/2019

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

5. Relationship of Reporting Person(s) to Issuer
   
   (Check all applicable)
   
   Director
   
   10% Owner
   
   Officer (give title below)
   
   Other (specify below)
   
   Executive Vice President

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>Code</th>
<th>Transaction Date (Month/Day/Year)</th>
<th>Amount (A) or (D)</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>M</td>
<td>03/12/2019</td>
<td>646 A</td>
<td>$0(1)</td>
</tr>
<tr>
<td>D</td>
<td>03/12/2019</td>
<td>216 D</td>
<td>34,791</td>
</tr>
<tr>
<td>D</td>
<td></td>
<td>34,575</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Code</th>
<th>Transaction Date (Month/Day/Year)</th>
<th>Amount or Number of Shares</th>
</tr>
</thead>
<tbody>
<tr>
<td>M</td>
<td>03/12/2019</td>
<td>646 (2)</td>
</tr>
<tr>
<td>D</td>
<td></td>
<td>646 (1)</td>
</tr>
<tr>
<td>D</td>
<td></td>
<td>11,057</td>
</tr>
</tbody>
</table>

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**Explanation of Responses:**

1. The exercise price for the restricted stock units exercise was $75.99.
2. Represents the first vesting anniversary (25%) of acquired restricted stock units granted pursuant to the 2010 Omnibus Incentive Plan, as amended.

/s/ James E. Daniel, Attorney-in-Fact

**Signature of Reporting Person**

03/14/2019

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**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.