FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL							
OMB Number:	3235-0287						
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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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

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1. Name ar	2. Issuer Name and Ticker or Trading Symbol ICF International, Inc. [ICFI]										Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner								
(Last) 1902 RE	(Last) (First) (Middle) 1902 RESTON METRO PLAZA					3. Date of Earliest Transaction (Month/Day/Year) 08/09/2023									Officer (give title below) Executive V		1	oelow)	specify
(Street) RESTON	0190	4. If Amendment, Date of Original Filed (Month/Day/Year)										Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person							
(City)	Zip)	Rule 10b5-1(c) Transaction Indication																	
			Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.																
		Table	I - Non-Deriva	tive S	ecui	rities	Acq	uire	ed, D	isposed	of,	or I	Benefic	ially	Owr	ned			
1. Title of	Security (Ins	2. Transaction Date (Month/Day/Yea	Exec r) if an	2A. Deemed Execution Date, if any (Month/Day/Year		Cod			4. Securities A Disposed Of (D				nd 5)		ount of ities icially d	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
						Cod	Code		Amount	(A) or (D)	1	Price		Following Reported Transaction(s) (Instr. 3 and 4)		((5 4)	
Common		08/09/2023				S			100	D		\$129.7041		7,378		D			
Common			08/09/2023				S	s		150	D		\$129.45	74	7,228 6,228		D D		
Common			08/09/2023				S	5		1,000	D	,	\$129.148	8(1)					
Common		08/09/2023	3		S	5		1,919	D		\$130.54	0.543(2)		4,309					
		Tab	le II - Derivati (e.g., pu							sposed o					Owne	ed			
1. Title of Derivative Security (Instr. 3)	ivative Conversion Date urity or Exercise (Month/Day/Year)		3A. Deemed Execution Date, if any (Month/Day/Year)	Code (I	Transaction Code (Instr.		toer ative rities ired rosed) . 3, 4 b)	Expirat (Month diverse ed ed a, 4 Date		Exercisable and ion Date (Day/Year) Expiratior (Date Date Date		Amou Secu Jnde Deriv Secu	Amount or Number of	<u> </u>	vative ırity	derivative Securities	Owr Forr Dire or Ir (I) (I	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)

Explanation of Responses:

- 1. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$128.7700 to \$129.7500, 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 footnotes (1) and (2) to this Form 4.
- 2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$129.9900 to \$130.9100, 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 footnotes (1) and (2) to this Form 4.

/s/ Matthew Selander, Attorney-in-fact

08/10/2023

** Signature of Reporting Person

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.