1. Name and Address of Reporting Person*  
Crouther Marilyn C  
(Street)  
9300 LEE HIGHWAY  
(City)  
FAIRFAX  
(State)  
VA  
(Zip)  
22031  
* If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

2. Date of Event Requiring Statement  
(Month/Day/Year)  
09/02/2020

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

4. Relationship of Reporting Person(s) to Issuer  
(Check all applicable)  
X Director  
10% Owner  
Other (specify below)  

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

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 Beneficially Owned

<table>
<thead>
<tr>
<th>1. Title of Security (Instr. 4)</th>
<th>2. Amount of Securities Beneficially Owned (Instr. 4)</th>
<th>3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)</th>
<th>4. Nature of Indirect Beneficial Ownership (Instr. 5)</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>1. Title of Derivative Security (Instr. 4)</th>
<th>2. Date Exercisable and Expiration Date (Month/Day/Year)</th>
<th>3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)</th>
<th>4. Conversion or Exercise Price of Derivative Security</th>
<th>5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)</th>
<th>6. Nature of Indirect Beneficial Ownership (Instr. 5)</th>
</tr>
</thead>
</table>

Date Exercisable  
Expiration Date  
Title  
Amount or Number of Shares

Explanation of Responses:
No securities are beneficially owned.

/s/ James E. Daniel  
Attorney-in-fact  
09/02/2020

** Signature of Reporting Person  
Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.