FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT | OF CHANGES | IN BENEFICIAL | OWNERSHIP |
|-----------|------------|---------------|------------------|

| OMB APPROVAL | | | | | | | | | |
|---------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average b | urden | | | | | | | | |
| hours per response: | 0.5 | | | | | | | | |

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed 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 and Address of Reporting Person* SCHULTE PETER M | | | | 2. Issuer Name and Ticker or Trading Symbol ICF International, Inc. [ICFI] | | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|--|------|--------|-------|--|------|--------------------------------------|-----|--|-------------------|---|--------------------|-------------------------|--|--|---|--|----------------------------------|-------------|
| SCHULTE PETER M | | | | | | | | | | | | | | X Director | | 10% | Owner | |
| (Last) (First) (Middle) ICF INTERNATIONAL, INC. | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/10/2011 | | | | | | | | | Offic belo | cer (give title w) | Othe below | r (specify v) | | |
| 9300 LEE HIGHWAY | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | |
| (Street) | X VA | Λ 2 | 2031 | | | | | | | | | | | Line | X For | m filed by Mo | e Reporting Pe re than One Re | |
| (City) | (St | ate) (| Zip) | | | | | | | | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | Execution Date, | | Transaction Disposed Code (Instr. 5) | | ties Acquired (A) d Of (D) (Instr. 3, 4 | | A) or 3, 4 and | Secui Bene | ficially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | | Price | Trans | action(s) 3 and 4) | | (iiisti. 4) |
| Common Stock | | | | | | | | | | | | 2 | 09,165 | D | | | | |
| Common Stock 05/10/ | | | | 2011 | | A | | 1,166(1) | | A | \$ <mark>0</mark> | 210,331 | | 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 (Month/Day/Year) 3. Transaction Date Execution D if any (Month/Day/ | | | Date, | 4. Transaction Code (Instr. 8) | | n of l | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | 5 | . Price of erivative ecurity nstr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | | Date Exercisal | | Expiration Date | Title | Amo or Num of Shar | ber | | | | |

Explanation of Responses:

1. These acquired shares are restricted stock issued under the 2010 Omnibus Incentive Plan. These shares vest immediately,

/s/ James J. Maiwurm, Attorney-in-fact

05/11/2011

** 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.