FORM 4

obligations may continue. See Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

4. None and Address of Demonstrat Demons

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

5 Relationship of Reporting Person(s) to Issuer

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

2 Issuer Name and Ticker or Trading Symbol

Morgan Jar	mes C M	<u>ICF</u>	International,	<u>Inc.</u>	[ICF	Ί]	(Chec	k all applicable) Director	10% Owner				
(Last) 9300 LEE HI	(First) GHWAY	3. Date 03/16	e of Earliest Transac /2018	ction (M	onth/E	Day/Year)	X	Officer (give title below) Chief Fian	Other (specify below) ncial Officer				
(Street) FAIRFAX (City)	VA (State)	22031 (Zip)	4. If Ar	nendment, Date of	Original	Filed	(Month/Day/Y	'ear)	6. Indi Line) X	ividual or Joint/Group Filing (Check Applicat Form filed by One Reporting Person Form filed by More than One Reporting Person			
		Table I - Noi	n-Derivative S	ecurities Acq	uired,	Disp	osed of, o	or Ben	eficially	Owned			
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Code (ansaction Disposed Of (D) (Instr. 3, ode (Instr. 5)			5. Amount of Securities Beneficially Owned Following Reported	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	Transaction(s) (Instr. 3 and 4)		(
Common			03/16/2018		M		3,057	A	\$0 ⁽¹⁾	22,927	D		
Common			03/16/2018		M		1,529	A	\$0 ⁽¹⁾	24,456	D		
Common			03/16/2018		F		461	D	\$61.2	23,995	D		
Common			03/16/2018		F		921	D	\$61.2	23,074	D		
Common			03/17/2018		M		1,162	A	\$0 ⁽¹⁾	24,236	D		
Common			03/17/2018		E		350	D	\$61.2	23.886	D		

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

	(-13., p.m.), -1, -1, -1,														
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code (8)		of		6. Date Exer Expiration D (Month/Day/\)	ate	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Restricted Stock Units	(1)	03/16/2018		M			1,529	(2)	(2)	Common	1,529	(1)	34,152	D	
Restricted Stock Units	(1)	03/16/2018		М			3,057	(2)	(2)	Common	3,057	(1)	31,095	D	
Restricted Stock Units	(1)	03/17/2018		M			1,162	(3)	(3)	Common	1,162	(1)	29,933	D	

Explanation of Responses:

- 1. The exercise price for the restricted stock unit exercise was \$61.20.
- 2. Represents the third vesting anniversary (25%) of acquired restricted stock units granted pursuant to the 2010 Omnibus Incentive Plan, as amended.
- 3. Represents the fourth vesting anniversary (25%) of acquired restricted stock units granted pursuant to the 2010 Omnibus Incentive Plan, as amended.

/s/ James C. Morgan 03/20/2018

** 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.