SEC Form 4	
FORM	4

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## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

Check this box to indicate that a transaction was made pursuant to a

contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

OMB APPROVAL					
OMB Number: 3235-028					
Estimated average bur	den				
hours per response: 0.5					

1. Name and Address of Reporting Person <sup>*</sup> Wasson John			2. Issuer Name <b>and</b> Ticker or Trading Symbol ICF International, Inc. [ICFI]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
<u>wasson jonn</u>				1	Director	10% Owner			
(Last) (First) (Middle)		(Middle)	3. Date of Earliest Transaction (Month/Day/Year)	1	Officer (give title below)	Other (specify below)			
1902 RESTON METRO PLAZA			11/06/2024	CEO & President					
(Street)			4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indiv Line)	idual or Joint/Group Filing (	(Check Applicable			
RESTON	VA	20190		1	Form filed by One Report	ting Person			
(City)	(State)	(Zip)			Form filed by More than 0 Person	One Reporting			

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

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Disposed Of 5)			5. Amount of Securities Beneficially Owned 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		Reported Transaction(s) (Instr. 3 and 4)		
Common	11/06/2024		S <sup>(1)</sup>		100	D	\$180	68,718	Ι	John M. Wasson Rev. Trust
Common								83	D	
Common								716	Ι	By Spouse
Common								12,739	Ι	John M. Wasson Remainder Trust 2022

## 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	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	Transaction Code (Instr. 8)		Transaction		Transaction Code (Instr.		tion of		of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4		rivative (Month/Day/Year) curities ; quired ) or sposed (D) str. 3, 4		Expiration Date		nd 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		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												

Explanation of Responses:

1. The sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on March 4, 2024.

/s/ Matthew Selander,
Attorney-in-fact
** Signature of Reporting Person

11/07/2024

\* 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.