FORM 4

to Section 16. Form 4 or Form obligations may continue. See

Instruction 1(b).

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

IN BENEFICIAL OWNERSHIP

Check this box if no longer subject to Section 16. Form 4 or Form 5	STATEMENT OF CHANGES
obligations may continue Coo	

OMB APPROVAL										
OMB Number:	3235-0287									
<b> </b>										
Estimated average burden										
hours per response	e: 0.5									

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

Name and Address of Reporting Person*     Morgan James C M					2. Issuer Name and Ticker or Trading Symbol ICF International, Inc. [ ICFI ]										all app		ng Pei	10% Ov	vner
(Last) 1902 RE	Last) (First) (Middle) 1902 RESTON METRO PLAZA						3. Date of Earliest Transaction (Month/Day/Year) 02/27/2024								belov	er (give title v) Chief Opera	ating	Other (s below) Officer	specify
(Street) RESTON	Street)			4. If <i>i</i>	4. If Amendment, Date of Original Filed (Month/Day/Year)									ividual or Joint/Group Filing (Check Applicable  Form filed by One Reporting Person  Form filed by More than One Reporting  Person					
(City) (State) (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	1-1	Non-Deriva	tive S	Secui	rities	Acc	quire	ed, Di	sposed c	f, or	Benefici	ally	Own	ed			
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Ye			Execution		n Date,		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 ar			d 5) Secu Bene Own		icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
							C	ode	V A	Amount	(A) or (D)	Price		Transa	Reported Transaction(s) (Instr. 3 and 4)		u. 4)	(Instr. 4)	
Common 02/27/202			24		S		S <sup>(1)</sup>		2,400	D	\$155.17	5.174 <sup>(2)</sup>		39,814		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	3. Transaction Date (Month/Day/Year)	Exe if ar	Deemed cution Date, ny nth/Day/Year)		Transaction of Code (Instr. Derivative			Expiration Date (Month/Day/Year)				7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		rice of vative urity tr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (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 Exe	e ercisable	Expiration Date	ı Title	Amount or Number of Shares						

## **Explanation of Responses:**

- $1. \ The sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on August 25, 2023.$
- 2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$155.1200 to \$155.3200, 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 footnote (2) to this Form 4.

/s/ Matthew Selander, Attorney-in-fact

02/28/2024

\*\* 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.