FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20549			

OIVIB APPROVAL											
OMB Number:	3235-0287										
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0.5

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

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

1(c). S	ee Instruction 1	U																	
1. Name and Address of Reporting Person* SALMIRS SCOTT B					2. Issuer Name and Ticker or Trading Symbol ICF International, Inc. [ICFI]								5. Relationship of Reporting Person(s) to Issuel (Check all applicable)					ssuer	
SALWIKS SCOTT B									-	-			1	Direc	tor		10% O	wner	
(Last) (First) (Middle) 1902 RESTON METRO PLAZA			3. Date of Earliest Transaction (Month/Day/Year) 11/18/2024						\neg		Office	er (give title v)		Other (sbelow)	specify				
1702 RESTON WETRO FLAZA				<u> </u>	If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable						
					4. If	Amend	ment,	Date	of Ori	ginal Fil	led (Month/Da	ay/Year		. Indi ine)	vidual o	r Joint/Grou	p Filin	ng (Check A	pplicable
(Street)	T 7.7.4	2	0100											1	Form	filed by On	e Rep	orting Pers	on
RESTON	N VA	. 2	0190)										Form filed by More than One Reporting					
,														Person					
(City)	(Sta	ate) (2	Zip)																
		Table	I - N	lon-Deriva	tive	Secui	rities	Ac	auire	ed. Di	sposed o	f. or E	Benefic	ially	Own	ed			
4 Title of (Caarreiter (Imae								•		·						6.0	aanabin	7. Nature
1. Title of a	Security (Inst	(r. 3)		2. Transaction Date	- [1	Execution Date,		э,	3. Transa	action	4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a			ind 5) Securit		ties	Forn	n: Direct	of Indirect
				(Month/Day/Y						Code (Instr. 8)					Beneficially Owned Following		(D) or Indirect (I) (Instr. 4)		Beneficial Ownership (Instr. 4)
							Ė	a . I.,		[(A) or	I		Repor	ted action(s)				
									Code	V	Amount	(D)	Price		(Instr. 3 and 4)				
Common 11/18/202-				24				P ⁽¹⁾		400 A \$138		\$138.3	.3812 5,803		5,803	803			
		Tal	hla l	I - Derivati	vo 9	ocurit	ioe /	\ca	uiroc	l Die	nosod of	or Bo	noficia	llv (Jwno	4			
		Iai	DIE I								convertik				JWIIE	u			
1. Title of	2.	3. Transaction	3A. I	Deemed	4.		5. Nu	mber	6. D	ate Exe	rcisable and	7. Tit	le and	8. F	Price of	9. Number	of	10.	11. Nature
Derivative Security (Instr. 3)	Conversion or Exercise Price of	Date (Month/Day/Year)	Execution Date if any (Month/Day/Yea	cution Date, y	Trans	action (Instr.	of Derivative Securities		Expiration Date (Month/Day/Year)			Amo Secu Unde	Amount of Securities Underlying		erivative derivative security securitie Beneficia		Ownersi Form: Direct (D	Ownership Form: Direct (D)	of Indirect Beneficial Ownership
	Derivative Security				(Acquired (A) or Disposed of (D)					ative rity (Instr. I 4)	tr.		Owned Following Reported Transaction	- 1	or Indirect (I) (Instr. 4)		
							(Instr. 3, 4 and 5)								(Instr. 4)		(5)		
													Amount or						
					Code	\ _v	(A)	(D)	Date	e rcisable	Expiration	Title	Number of Shares						

Explanation of Responses:

1. Open market purchase of shares in accordance with Issuer's trading policies

/s/ Matthew Selander, Attorney-in-fact

11/19/2024

** 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.