FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0287 Estimated average burden 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)

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. Name and Address of Reporting Person [*] Crouther Marilyn C | | | | | 2. Issuer Name and Ticker or Trading Symbol ICF International, Inc. [ICFI] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | |
|--|---|---------|-------------|---|---|--|--------|--|-----------------|---------------------------------------|--|--|---|--|--|---|---|---------------------------------------|--|
| (Last) | (Last) (First) (Middle) | | | | 3. Date of Earliest Transaction (Month/Day/Year) 07/03/2023 | | | | | | | | | | | er (give title | | Other (below) | |
| 1902 RESTON METRO PLAZA | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) RESTO | N VA | A 2 | 0190 | | | | | | | | | | | X | Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (St | ate) (Z | 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 | I - No | on-Deriva | tive S | ecui | rities | Aco | quired | , Dis | posed of | f, or l | Benefi | cially | y Owr | ned | | | |
| 1. Title of Security (Instr. 3) 2. Transactio Date (Month/Day)* | | | | Year) if | emed tion Date, n/Day/Year) | | | | | s Acquired (A) If (D) (Instr. 3, 4 | | 4 and Secur Benef Owne Follow | | icially d | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | Code | v | Amount | (A) ((D) | or Price | 9 | Reported Transaction(s) (Instr. 3 and 4) | | | | | |
| Common 07/03/20 | | | | | 23 | | | A | | 1,173 ⁽¹⁾ | A | \$0.0 | 0000 | 000 5,759 | | 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) | rative Conversion Date Execution I rity or Exercise (Month/Day/Year) if any | | ution Date, | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisab Expiration Date (Month/Day/Year) | | ate | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and | | 8. Price o Derivativ Security (Instr. 5) | | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | Owners Form: Direct (E or Indire (I) (Instr | Ownership | Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercis | sable | Expiration Date | Title | Amount or Number of Shares | r | | | | | |

Explanation of Responses:

1. This award of restricted stock units was granted pursuant to ICF International, Inc.'s Amended and Restated 2018 Omnibus Incentive Plan, and represents the Reporting Person's annual equity award. These restricted stock units will vest in equal quarterly increments (Sept. 1, Dec. 1, Mar. 1 and June 1).

/s/ James E. Daniel, Attorney-07/05/2023

in-fact

** 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.