**SEC Form 3**

**FORM 3**

**UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

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**
   - WELSH BETTINA GARCIA
   - (Last) WELSH
   - (First) BETTINA
   - (Middle) GARCIA
   - 9300 LEE HIGHWAY
   - FAIRFAX
   - VA
   - 22031

2. **Date of Event Requiring Statement**
   - 02/29/2020

3. **Issuer Name and Ticker or Trading Symbol**
   - ICF International, Inc. [ICFI]

4. **Relationship of Reporting Person(s) to Issuer**
   - Director
   - 10% Owner
   - X Officer (give title below)
   - Chief Financial Officer

---

**Table I - Non-Derivative Securities Beneficially Owned**

<table>
<thead>
<tr>
<th>1. Title of Security (Instr. 4)</th>
<th>2. Amount of Securities Beneficially Owned (Instr. 4)</th>
<th>3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)</th>
<th>4. Nature of Indirect Beneficial Ownership (Instr. 5)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Restricted Stock Units</strong></td>
<td><strong>5,999</strong></td>
<td><strong>D</strong></td>
<td></td>
</tr>
</tbody>
</table>

**Explanation of Responses:**

1. These acquired restricted stock units were granted pursuant to ICF International, Inc.’s 2018 Omnibus Incentive Plan. These restricted stock units vest over a period of three (3) years, at 25% on each of the first two anniversaries of the grant and 50% on the third anniversary from the day of grant.

2. Each restricted stock unit is the economic equivalent of one share of ICF International, Inc.’s Common Stock.

**Signature of Reporting Person**

/s/ James E. Daniel, Attorney-in-fact

03/02/2020

---

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 5 (b)(v).


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.