FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Vashington, | D.C. 20549 |
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| STATEMENT | OF | CHANGES | IN | BENEFICIAL | OWNERSHIP |
|-----------|----|---------|----|------------|-----------|
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| OMB APPROVAL | | | | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|--|--|--|
| OMB Number: 3235-0 | | | | | | | | | | |
| 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). 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* Lee Rodney Mark Jr. | | | | _ <u>IC</u> | 2. Issuer Name and Ticker or Trading Symbol ICF International, Inc. [ICFI] | | | | | | (Ch | neck all appl Direct | icable) or r (give title | g Pers | son(s) to Iss 10% Ov Other (s | vner | |
|--|---|--|---|---|--|-----------|--|--|-------------------|---------------------------|--|--|---|--|---|---|---------------------------------------|
| (Last) 1902 RE | ` | rst) (ΓRO PLAZA | (Middle) 3. Date of Earliest Transaction (Month/Day/Year) 11/08/2022 | | | | | | | Executive Vice President | | | | | | | |
| (Street) RESTON | N V | A 2 | 20190 | — 4. li | | | | | | Lin | Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person Form filed by More than One Reporting | | | | n | | |
| (City) | (St | tate) (| (Zip) | | | | | | | | | Perso | | | | 9 | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | Execution Date, | | Code (Ins | Transaction Disposed Of (D) (Instr. 3, Code (Instr. 5) | | | ed (A) or etr. 3, 4 an | Benefic | es Formally (D) of Following (I) (II) | | m: Direct or Indirect Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | Code | Amou | nt | (A) or (D) Price | | Transa | ction(s) 3 and 4) | | | (111341. 4) | |
| 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 | 4. Transaction Code (Instr. 8) | | of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | A S U D | 7. Title and Amount of Securities Underlying Derivative Securi (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4) | e s lly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4 | Beneficial Ownership (Instr. 4) |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiratio Date | | Γitle | Amount or Number of Shares | | | | | |
| Restricted Stock Units | (1) | 11/08/2022 | | A | | 4,798 | | (2) | (2) | C | Common | 4,798 | \$0.0000 | 10,27 | 8 | D | |

Explanation of Responses:

- 1. Each restricted stock unit is the economic equivalent of one share of ICF International, Inc.'s Common Stock.
- 2. These acquired restricted stock units were granted pursuant to ICF International, Inc.'s 2018 Omnibus Incentive Plan, as amended. 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.

/s/ James E. Daniel, Attorneyin-fact

11/10/2022

** 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.