1. Name and Address of Reporting Person
   Salmirs Scott B
   (Last)  (First)  (Middle)
   9300 Lee Highway
   (Street)
   Fairfax VA 22031
   (City)  (State)  (Zip)

2. Issuer Name and Ticker or Trading Symbol
   ICF International, Inc. [ICFI]

3. Date of Earliest Transaction (Month/Day/Year)
   07/01/2022

4. If Amendment, Date of Original Filed (Month/Day/Year)

5. Relationship of Reporting Person(s) to Issuer
   X Director
   10% Owner
   Officer (give title below)
   Other (specify below)

6. Individual or Joint/Group Filing (Check Applicable Line)
   X Form filed by One Reporting Person
   Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

<table>
<thead>
<tr>
<th>Title of Security (Instr. 3)</th>
<th>Transaction Date (Month/Day/Year)</th>
<th>Deemed Execution Date, if any (Month/Day/Year)</th>
<th>Transaction Code (Instr. 8)</th>
<th>Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)</th>
<th>Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)</th>
<th>Ownership Form: Direct (D) or Indirect (I) (Instr. 4)</th>
<th>Nature of Indirect Beneficial Ownership (Instr. 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Common</td>
<td>07/01/2022</td>
<td></td>
<td>A</td>
<td>1,529(A)</td>
<td>3,127</td>
<td>D</td>
<td></td>
</tr>
</tbody>
</table>

**Explanation of Responses:**
1. This award of restricted stock units was granted pursuant to ICF International, Inc.'s 2018 Omnibus Incentive Plan, as amended, 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-in-fact  07/05/2022

   **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).


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.