FORM 4

obligations may continue. See Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| C. 20549 |
|----------|
| |

| STATEMENT OF CHANGES IN BENEFICIAL | OWNERSHIP |
|------------------------------------|------------------|
| | |

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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* SCHULTE PETER M | | | | | | 2. Issuer Name and Ticker or Trading Symbol ICF International, Inc. [ICFI] | | | | | | | | | Check all | | icable) | Ü | erson(s) to I | |
|---|------------------------------|-----------|--|---------|--|---|----------------------|---|--------------------------------|--|---|-------|--|---|------------------------|--|--------------------|--|--|---------------|
| | (Fii ERNATION E HIGHWA | IAL, INC. | Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 09/27/2009 | | | | | | | | | | Office elow | r (give title) | | Other below | (specify) |
| (Street) FAIRFAX | X VA | A 2 | 22031 Zip) | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | ne) X F | al or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | | Tabl | e I - No | n-Deriv | ative | Se | curitie | s Ac | quired, | , Dis | posed o | f, or | Bene | efici | ally Ov | vne | d | | | |
| | | | 2. Transaction Date (Month/Day/Year) | | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Code (Instr. 5 | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) | | | A) or 3, 4 ar | 4 and Secu Bend Own | | . Amount of ecurities eneficially wned Following | | wnership n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | v | Amount | (A |) or) | Price | Tra | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | | | |
| Common | mon Stock 3,129,504 | | | | | | | I | See footnote ⁽¹⁾ | | | | | | | | | | | |
| Common Stock | | | | | | | | | | | | | | | | 116 | ,043 | | D | |
| Common Stock 09/2 | | | | 09/27 | /2009 | | | | A | | 2,000(2 | 2) A | | \$(| 116,043 ⁽³⁾ | | 043(3) | .3 ⁽³⁾ D | | |
| | | Та | | | | | | | | | osed of, onvertib | | | | y Own | ed | | | | |
| 1. Title of Derivative Security (Instr. 3) | | | n Date, | | ransaction ode (Instr.) Deri Sect Acq (A) o Disp of (I (Inst and | | osed) r. 3, 4 | 6. Date Expiration (Month/L) Date Exercise | on Dat | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amour or Numbe of Title Shares | | ount nber | 8. Price Derivati Security (Instr. 5 | ve / | 9. Number derivative Securities Beneficiall Owned Following Reported Transaction (Instr. 4) | y | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |

Explanation of Responses:

- 1. Peter M. Schulte is a managing member of CMLS General Partner, L.L.C., LPE II, LLC and LPE II Co-Investors, LLC, which serve as the general partners of entities that serve as the general partner entities that own shares of Issuer's common stock ("CMEP Partnerships"). This number reflects such CMEP Partnerships' distribution of a total of 1,500,000 shares of common stock to its limited partners. Mr. Schulte disclaims beneficial ownership of the shares of the Issuer's common stock beneficially owned by each of CMLS General Partner, L.L.C., LPE II, LLC and LPE II Co-Investors, LLC except to his proportionate pecuniary interest therein.
- 2. Represents third and final vesting anniversary of acquired restricted stock pursuant to the 2006 Long-Term Equity Incentive Plan.
- 3. The total amount of restricted stock was reported on Form 4 on October 2, 2006.

/s/ James J. Maiwurm, 09/29/2009 Attorney-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.