1. Name and Address of Reporting Person
Chadha Ranjit S
(First) (Last) (Middle)
1902 RESTON METRO PLAZA
RESTON VA 20190

2. Date of Event Requiring Statement
04/01/2023
( Month/Day/Year)

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

4. Relationship of Reporting Person(s) to Issuer
(Check all applicable)
X Director
X Officer (give title below)
VP & Principal Accounting Off.

5. If Amendment, Date of Original Filed

6. Individual or Joint/Group Filing
Form filed by One Reporting Person
X Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Beneficially Owned

<table>
<thead>
<tr>
<th>Title of Security (Instr. 4)</th>
<th>Amount of Securities Beneficially Owned (Instr. 4)</th>
<th>Ownership Form: Direct (D) or Indirect (I) (Instr. 5)</th>
<th>Nature of Indirect Beneficial Ownership (Instr. 5)</th>
</tr>
</thead>
</table>

Table II - Derivative Securities Beneficially Owned
(e.g., puts, calls, warrants, options, convertible securities)

<table>
<thead>
<tr>
<th>Title of Derivative Security (Instr. 4)</th>
<th>Date Exercisable and Expiration Date (Month/Day/Year)</th>
<th>Title and Amount of Securities Underlying Derivative Security</th>
<th>Conversion or Exercise Price of Derivative Security</th>
<th>Ownership Form: Direct (D) or Indirect (I) (Instr. 5)</th>
<th>Nature of Indirect Beneficial Ownership (Instr. 5)</th>
</tr>
</thead>
</table>

Restricted Stock Units

Explanation of Responses:
1. These acquired cash-settled 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.
2. These shares are cash-settled restricted stock units paid out in cash per the vesting schedule noted in footnote 1.

/s/ James E. Daniel,
Attorney-in-fact
04/03/2023

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.