FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

washington, D.C. 20049

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

OMB APPROVAL

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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

| 1. Name and Address of Reporting Person* Wasson John | | | | | | 2. Issuer Name and Ticker or Trading Symbol ICF International, Inc. [ICFI] | | | | | | | | | | Check | tionship of Reporting all applicable) Director Officer (give title | | g Per | Person(s) to Issuer 10% Owner Other (specify | |
|--|--|--|--|---|--------|---|-------|--------------|---------------|--|--------|------------------|---|---------------------------|---------------------------------------|--|---|---|---|--|--|
| (Last) (First) (Middle) ICF INTERNATIONAL, INC. 9300 LEE HIGHWAY | | | | 3. Date of Earliest Transaction (Month/Day/Year) 04/08/2014 | | | | | | | | | | X | below) | President and COO | | эреспу | | | |
| (Street) FAIRFA (City) | | tate) | 22031 (Zip) | | - | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Li | ne) X | ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | | Tab | le I - No | n-Deriv | ative | Sec | uriti | ies Ac | quire | ed, D | isp | osed o | of, o | r Ben | eficia | ally | Owned | ii | | | |
| 1. Title of Security (Instr. 3) | | | 2. Transaction Date (Month/Day/Year) | | ar) E | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Code (Instr. | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) | | | | 4 and Securiti Benefic | | es ally Following | Forr (D) (| n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | Co | de V | , | Amount | | (A) or (D) | Price | Tranca | | ction(s) | | | (Instr. 4) | |
| Common Stock 04/0 | | | | 04/08 | 3/2014 | 2014 | | | N | 1 | | 4,367 | 7 | A | \$39 | 9.74 65 | | ,766 | | D | |
| Common Stock 04/08 | | | | 3/2014 | 2014 | | |] | 7 | | 1,835 | 5 | D | D \$39.7 | | 4 63,931 | | D | | | |
| Common Stock | | | | | | | | | | | | | | | 61,399 | | | D | | | |
| | 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. Deeme Execution if any (Month/Day | Date, | | ransaction Code (Instr. | | of I | | e Exerc ation D h/Day/ | ate | ble and | 7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4) | | | De Se (In | 8. Price of Derivative Security Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | ly [| 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exerc | isable | | xpiration ate | Title | | Amoun or Number of Shares | er | | | | | |
| Restricted Stock Units | \$39.74 | 04/08/2014 | | | M | | | 4,367 | (: | 1) | | (1) | Com Sto | | 4,367 | | \$0 | 0 | | D | |

Explanation of Responses:

1. Represents the fifth and final vesting anniversary (20%) of acquired restricted stock units granted pursuant to the 2010 Omnibus Incentive Plan, as amended.

/s/ James J. Maiwurm, Attorney-in-fact 04/10/2014

** 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.