FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1(h)

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average burd	en							
hours per response:	0.5							

ions may continue. See
tion 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* <u>JACKS JOEL R</u>					2. Issuer Name and Ticker or Trading Symbol ICF International, Inc. [ICFI]											o of Reporti blicable) ctor	•	. ,	ssuer	
	ERNATION	NAL, INC.	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 10/06/2009										Officer (give title below)		e Othe belov		(specify)
9300 LEE HIGHWAY (Street) FAIRFAX VA 22031				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applical Line) X Form filed by One Reporting Person Form filed by More than One Reporting					son	
(City)	(St	ate)	(Zip)													Pers	on			
		Tab	le I - No	n-Deriv	/ative	Sec	curitie	s Acc	quired	, Dis	posed o	f, o	r Ben	efici	ally (Owne	ed			
Date			Date			2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)				id S	Securiti Senefic Owned	Amount of ecurities eneficially wned Following		wnership n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership	
								Code	v	Amount		(A) or (D)	Price	, т	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common Stock 1				10/06	6/2009				J		1,564,75	53	D \$0		0	1,564,751			I	See footnote ⁽¹⁾
Common	Stock															10	2,991		D	
Common Stock 10/06/2				/2009	2009			J		35,361		A	\$(0	138,352		D ⁽²⁾			
		Ta	able II -								osed of, onvertib					vned		,		
1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security 3. Transaction Date (Month/Day/Year) if any (Month/Day/Year) (Month/Day/Year)		on Date,		ransaction of Deriva Secur Acqui (A) or Dispo of (D) (Instr. and 5)		rative rities ired r osed) : 3, 4			te	7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amour or Numbe of Title Shares		nstr. 3 nount mber			9. Number derivative Securities Beneficially 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. Joel R. Jacks 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 of entities that own shares of Issuer's common stock ("CMEP Partnerships"). This number reflects such CMEP Partnerships' distribution of a total of 1,564,753 shares of common stock to its limited partners. Mr. Jacks 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 pro rata distributions of common stock from CM Equity Partners, L.P. of 25,339 shares; 3,815 shares from CMEP Co-Investment ICF, L.P.; 856 shares from CM Equity Partners II, L.P. and 5,351 shares from CM Equity Partners II Co-Investors, L.P.

/s/ Joel R. Jacks

10/08/2009

** 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.