FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| l | OMB APPRO | VAL | | | | | | |
|---|-------------------------|-----|--|--|--|--|--|--|
| | OMB Number: 3235-0 | | | | | | | |
| l | Estimated average burde | en | | | | | | |
| l | hours per response: | 0.5 | | | | | | |

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* GLANTON RICHARD H | | | | | | | 2. Issuer Name and Ticker or Trading Symbol GEO GROUP INC GEO | | | | | | | | | 5. Relationship of Reporting Person(s) to Issu (Check all applicable) | | | | | | | |
|--|---|----------------|--|---|-------|---------------------------------------|--|---|-----|---|-------|------------------|---|-----------|---|---|---|---|--|--------------------------------------|---|--|--|
| ULANTON KICHARD II | | | | | | | | , , | | | | | | | | | X Director | | | 10% C |)wner | | |
| | NE PARK PLACE, SUITE 700 | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/02/2015 | | | | | | | | | | Office | er (give title v) | | Other (specify below) | | | |
| 621 NW 53RD STREET | | | | | | | | If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | | |
| (Street) BOCA RATON FL 33487 | | | | | | | | | | | | | | | Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | | | |
| (City) (State) (Zip) | | | | | | | | | | | | | | | | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | | | Execution | | | Transaction Dispos Code (Instr. 5) | | Disposed | rities Acquired (A) ed Of (D) (Instr. 3, 4 | | | 4 and Se Be Ov | | 5. Amount of Securities Beneficially Dwned Following Reported | | ership Direct ndirect r. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | | | v | Amount | (A (D |) or) | Price | Tran | | iction(s) 3 and 4) | | | (1130.4) | | |
| Common | Stock | | | 2015 | | | S | | 625 | | D | \$38 | 8.27 | | 1,451(1) | |) | | | | | | |
| Restricted | Stock | | | | | | | | | | | | 7 | 7,565(1) | |) | | | | | | | |
| | | | Та | | | | | | | | | sed of, onvertib | | | | | vned | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversic or Exercis Price of Derivative Security | on Da e (Mo | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Da | Date, | 4. Transactio Code (Insti 8) | | | | 6. Date Exercisa Expiration Date (Month/Day/Yea | | • | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | str. 3 | | vative urity tr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownersh Form: Direct (D or Indirec (I) (Instr. | m: ect (D) ndirect | Beneficial Ownership (Instr. 4) | | |
| | | | | Code | v | (A) | | Date Exercisal | | Expiration Date | Title | or | ount nber res | | | | | | | | | | |

Explanation of Responses:

1. The amount of shares has been adjusted to reflect the June 1, 2015 vesting of 625 shares of restricted stock.

Remarks:

/s/John J. Bulfin, as Attorneyin-Fact for Richard H. Glanton

06/04/2015

** 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.