FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

nington, D.C. 20549	
I.	_

77dofinington, 2.0. 200 10	OMB APPROVAL			
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-0287		
	Estimated average burden			

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

Name and Address of Reporting Person* Negron Joe					2. Issuer Name and Ticker or Trading Symbol GEO GROUP INC [GEO]										c all app Direct	ionship of Reportin all applicable) Director Officer (give title below) SVP, General (rson(s) to Is 10% Ov Other (s	wner
(Last) 4955 TEC	st) (First) (Middle) 55 TECHNOLOGY WAY					3. Date of Earliest Transaction (Month/Day/Year) 03/01/2024									below			below)	`
	BOCA RATON FL 33431				4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Indiv Line) X	vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person				on
(City)	(31	ate) (2		Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.															
		Table	I - No	n-Deriva	tive S	Secui	rities	Acq	uired	Dis	posed of	, or B	enefic	cially	Own	ed			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Date)					Exec if any	Deemed cution Date, y nth/Day/Year)		3. 4. Securitie Transaction Disposed C Code (Instr. 8) 5)		es Acquired (A Of (D) (Instr. 3,		or and	Securit Benefic	5. Amount of Securities Beneficially Owned Following		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								Code	v	Amount	(A) c (D)	Prio	ce	Transaction(s) (Instr. 3 and 4)				(111511. 4)	
Restricted Stock 03/01				03/01/2	:024			A		35,143 ⁽¹⁾	A	A \$0.00		234,373			D		
Common Stock											4		41,016		D				
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	emed ion Date, /Day/Year)	4. Transa Code (8)	(Instr. Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		ative rities ired osed . 3, 4	6. Date Exercisable and Expiration Date (Month/Day/Year) Date Exercisable Expiration Date			7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		nt er		9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	,	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)

Explanation of Responses:

1. Vesting of this grant of restricted stock of GEO is contingent upon the achievement by GEO of certain performance-based metrics during the period from January 1, 2024 to December 31, 2026 as certified by the compensation committee. Under the terms of the restricted stock grant, these shares will vest on March 15, 2027 to the extent the performance goals are achieved. Of the grant of restricted stock, 50% is subject to vesting based on GEO's total shareholder return over a three-year period and 50% is subject to vesting based on certain return on capital employed performance goals being met.

Remarks:

/s/Joe Negron

03/05/2024

** Signature of Reporting Person

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.