Instruction 1(b).

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL										
OMB Number:	3235-028									

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

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

1. Name and Address of Reporting Person*						2. Issuer Name and Ticker or Trading Symbol GEO GROUP INC [GEO]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
ZOLEY GEORGE C						ODO GROOT INO									X	Directo	10% Ow		/ner		
		-												(give title		Other (s below)	pecify				
(Last)	(F		3. Date of Earliest Transaction (Month/Day/Year)									"	below)	below)							
ONE PARK PLACE, SUITE 700						08/23/2013									Chairman & CEO						
621 NW 53RD STREET																					
		_ 4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable								
(Street)						4. Il ranonament, bate of original Filed (Month bay/Teal)										Line)					
BOCA RATON FL 33487															X Form filed by One Reporting Person						
					_											Form filed by More than One Reporting					
(City)	(9	tate)	(Zip)													Person					
(Oity)	(0		(219)																		
		Tal	ble I - No	n-Deri	vativ	e S	ecuri	ties Ad	cqu	ıired,	Dis	posed o	of, or I	3ene	ficially	Owned					
1. Title of Security (Instr. 3) 2. Transa											3. 4. Securities Acquired (A)									7. Nature of	
				Date (Month)	/Dav/Ye	Execution Date, ay/Year) if any				Transaction Disposed O				Instr. 3	8, 4 and 5) Securitie Benefici				Indirect Beneficial	
(Mont					,.			(Month/Day/Year)								ollowing (i) (str. 4)	Ownership (Instr. 4)		
									Γ	Code	v	Amount) or	Price	Transact	Transaction(s)		- 1'	(111511. 4)	
						4			7	(0)		(Instr. 3	and 4)							
Common Stock 08/23/						2013				M		34,50	4,500 A \$		\$14.44	572	572,671		D		
Restricted Stock														170	0,200		D				
			Table II -	Deriva	ative	Sec	uriti	es Arn	ıııir	red D	ien	nsed of	or B	nefi	cially (Owned		,	<u> </u>		
												onverti				omica					
1. Title of	2.	3. Transaction	d 4	4.			5. Number		6. Date Ex		able and	7. Title and Amo		mount	8. Price of	9. Numbe	r of	10.	11. Nature		
Derivative Conversion Date Execution Date,				Date,	Transa		of		Ex	Expiration Date (Month/Day/Year)		of Seci	ırities		Derivative Security	derivative Securities		Ownership Form:	of Indirect Beneficial		
Security (Instr. 3)	Price of	(Month/Day/Year)	(Month/Da		Code (Insti 8)		Seci	Securities		onin/Da	yrrea	r)	Underlying Derivative Secui			(Instr. 5)	Beneficia		Direct (D)	Ownership	
	Derivative Security							Acquired (A) or					(Instr. 3	and 4)		Owned Following	.	or Indirect (I) (Instr. 4)		
Coounty							Disposed									Reported Transaction(s) (Instr. 4)		() (
						of (D) (Instr. 3, 4 and 5)															
														Α	mount						
														0	r Iumber						
							l		Dat			xpiration	 	0	f						
				'	Code	V	(A)	(D)	Exe	ercisabl	e C	ate	Title	_	hares					-	
Stock Option	\$14.44	08/23/2013			M			34,500	10)/30/2008	3 1	0/30/2018	Comm Stock		34,500	\$14.44	23,30	0	D		
Stock Opton	\$18.23								10)/28/2009	9 1	0/28/2019	Commo		7,800		57,80	0	D		
Stock	\$21.20								03	2/01/2011	1 7	3/01/2021	Comm	on	7 800		57.80		D		

Explanation of Responses:

Remarks:

John J. Bulfin, as Attorney-in-08/26/2013 Fact for George C. Zoley

** 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.