FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPRO	DVAL							
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

	nd 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) Director 10% Owner						
<u>L </u>	J DIGITI	<u> </u>											Directo				· I	
				-									X Officer below)	(give title		Other (s below)	pecity	
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year)								,			,		
ONE PARK PLACE, SUITE 700					10/28/2009							VP, C	uniet Acc	ounti	ng Officer	.		
621 NW 53RD STREET						4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable					
(Chroch)					3 (Line)					
(Street) BOCA RATON FL 33487		22407										X Form fi	iled by One	Repo	rting Persor	ı		
		33407												e than	One Repor	ting		
(City) (State) (Zip)													Person					
(Oity)		,																
		Tal	ble I - Non	-Deriva	ive S	ecuritie	s A	cquired, I	Disp	osed o	f, or Be	neficial	y Owned					
1. Title of Security (Instr. 3) 2. Transa Date (Month/L					tion	2A. Deen		3.		4. Securities Acquired (A)			5. Amou				7. Nature of	
					v/Year)	Execution Date, ar) if any		e, Transaction Code (Instr.		Disposed Of (D) (Instr. 3, 4		str. 3, 4 and		Beneficially (D) Owned Following (I) (Indirect Beneficial Ownership	
					nontin Day/ rear j		(Month/Day/Year						Owned F			str. 4) (
										 	(A) o	r .		Reported Transaction(s)		- 19	(Instr. 4)	
								Code	٧	Amount	(D)	Price	(Instr. 3					
Restricte	d Stock											13,	13,846		D			
			Table II - D	Derivativ	re Sec	rurities	Δα	nuired Di	isno	sed of	or Bene	eficially	Owned			<u>'</u>		
								s, option					Ownea					
1. Title of	2.		3A. Deemed Execution Date if any (Month/Day/Yea	4.		5. Num	of I		6. Date Exercisable Expiration Date (Month/Day/Year)		of Securities		8. Price of	9. Number	er of	10.	11. Nature	
Derivative	Conversion				saction								Derivative	derivative		Ownership	of Indirect	
Security (Instr. 3)	or Exercise Price of	(Month/Day/Year)			e (Instr.						Underlyir	g Security	Security (Instr. 5)	Securities Beneficially Owned		Form: Direct (D)	Beneficial Ownership	
(Derivative			, . ,		Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)				(Instr. 3 and 4			(´	or Indirect	t (Instr. 4)	
	Security													Following Reported		(I) (Instr. 4)		
														Transaction	on(s)			
				\vdash		3, 4 and	1 3)					Amount	1	(
												or						
								Date	١.	xpiration		Number of						
				Cod	e V	(A)	(D)	Exercisable		ate	Title	Shares						
Stock Option	\$7.6434							02/05/2004	4 0	2/05/2014	Common Stock	3,600		3,600		D		
Stock Option	\$7.6967							05/06/2004	4 0	5/06/2014	Common Stock	3,600		3,600		D		
Stock Option	\$21.555							02/05/2007	7 0	2/05/2017	Common Stock	6,000		6,000		D		
Stock Option	\$16.69							10/30/2008	B 1	.0/30/2018	Common Stock	5,000		5,000		D		
Stock	\$21.07	10/28/2009		A		10,000		10/28/2009	(1) 1	0/28/2019	Common	10,000	\$21.07	10,000	<u>, </u>	D		

Explanation of Responses:

1. Stock options vest 20% on the date of grant and 20% thereafter on each annual anniversary of the date of grant until fully vested.

Remarks:

John J. Bulfin, as Attorney-In-Fact for Brian R. Evans

10/30/2009

** 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.