FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| l | OMB APPRO | DVAL | | | | |
|---|------------------------|-----------|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | |
| l | Estimated average burd | 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* Schlarb Ann M | | | | | | | 2. Issuer Name and Ticker or Trading Symbol GEO GROUP INC [GEO] | | | | | | | | | icable) or | rting Person(s) to Issuer 10% Owner tle Other (specify | | wner | | |
|--|---|-----|--|--------|--------|---|---|--------|-------------------|----------------------------|--|---|---------------|--------|---|---|---|--|---|--|--|
| (Last) 621 NW SUITE 7 | 53RD ST | • | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/10/2016 | | | | | | | | | helow) | , | | below) Pres.GEO Care | | | |
| (Street) BOCA RATON FL 33487 (City) (State) (Zip) | | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | | Tab | le I - No | n-Deri | vative | e Sec | uriti | es Ac | quired, | Dis | posed (| of, or | Bene | eficia | ly Owne | d | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | | Execution Date | | | Code (Instr. | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) | | | | Benefic | ies ially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | v | Amount | (| A) or D) | Price | Transac (Instr. 3 | ction(s) | | | (1130.4) | | | | | |
| Restricted Stock 03/10/2 | | | | | | | 2016 | | A/K | | 10,000 |) (1) | A | \$0.0 | 0 23 | 23,940 | |) | | | |
| Common Stock | | | | | | | | | | | | | | | 9,244 | | Γ |) | | | |
| | | 7 | | | | | | | | | osed of onverti | | | | Owned | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | | 3A. Deem Executior if any (Month/Da | Date, | | Transaction Code (Instr. | | n of | | ercisa n Date ny/Yea | | 7. Title and Amount of Securities Underlying Derivative Securit (Instr. 3 and 4) | | | 8. Price of Derivative Security (Instr. 5) | | Owners Form: Iy Direct (I or Indire (I) (Instr | vnership orm: rect (D) Indirect | Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exercisab | | xpiration ate | Title | OI N Of | umber | | | | | | | |
| Stock Options | \$22.3 | | | | | | | | 08/15/201 | .5 0 | 8/15/2022 | Comm | | 5,780 | | 5,780 | | D | | | |

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, 2016 to December 31, 2018 as certified by the compensation committee. Under the terms of the restricted stock grant, these shares will vest on March 10, 2019 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/John J. Bulfin, as Attorneyin-Fact for Ann M. Schlarb

03/14/2016

** 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.