FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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| 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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* | | | | | | 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 | | | | | | | | | | | | | | | Direc | tor | 10% (| Owner | |
| (Last) 4955 TEC | Last) (First) (Middle) 4955 TECHNOLOGY WAY | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/26/2020 | | | | | | | | | er (give title v) Chairma | Other below n & CEO | (specify) | |
| (Street) BOCA RATON FL 33431 (City) (State) (Zip) | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | | Tabl | e I - 1 | Non-Deriv | ative | Seci | uritie | s Ac | quire | ed, Di | isposed o | f, or E | enefic | ially (| Owne | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye | | | | . | 2A. Deemed Execution Date, if any (Month/Day/Year) | | ite, | | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and | | | d 5) Secu Bene | | icially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | | Trans | action(s) 3 and 4) | | (11341.4) | |
| Common Stock 02/26/202 | | | | | 020 | <u>'</u> 0 | | | P | | 250,000 | A | \$16.17 | 744 ⁽¹⁾ | | 365,060 | D | | |
| Restricted Stock | | | | | | | | | | | | | | | | 00,002 | D | | |
| | | Та | ble II | | | | | | | | oosed of, convertib | | | | vned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | Date Execut | | | Transaction Code (Instr. | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | te Exer ation D th/Day/ | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | | | | Ownership Form: Direct (D) or Indirect (I) (Instr. 4 | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exerc | cisable | Expiration Date | Title | Amount or Number of Shares | | | | | | |

Explanation of Responses:

1. The price in Column 4 is a weighted average price. These shares were purchased in multiple open market transactions at prices ranging from \$15.925 to \$16.43, inclusive. The reporting person undertakes to provide to The GEO Group, Inc., any security holder of The GEO Group, Inc. or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares purchased at each separate price within the range set forth in this footnote to this Form 4.

Remarks:

/s/Joe Negron, as Attorney-in-Fact for George C. Zoley

02/28/2020

** 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.