FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPRO | VAL |
|------------------------|-----------|
| OMB Number: | 3235-0287 |
| Estimated average burd | en |
| 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* Wierdsma Thomas M (Last) (First) (Middle) ONE PARK PLACE, SUITE 700 | | | | | | | Issuer Name and Ticker or Trading Symbol GEO GROUP INC [GEO] Date of Earliest Transaction (Month/Day/Year) 05/09/2011 | | | | | | | | 5. Relationship of Reporting Person(s) to (Check all applicable) Director 10% X Officer (give title othe below) belo SVP - Project Developme | | | | vner specify |
|--|---|--|-------------|----------|--------|--|--|--------|---|---|--|-----------------|---|---|---|--|--|--------------------------------------|--|
| 621 NW 53RD STREET | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) BOCA RATON FL 33487 | | | | - | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| (City) | (S | tate) (| (Zip) | | | | | | | | | | | | | | | | |
| | | Tab | le I - No | on-Deriv | /ative | Sec | uriti | es Ac | quired | l, Di | sposed | of, or Be | nefici | ally (| Owned | t | | | |
| 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day) | | | | | | Execution Date, | | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) o Disposed Of (D) (Instr. 3, 4 a | | | nd 5) Securit Benefic | | es ially Following | Forn (D) c | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | | | | | v | Amount | (A) or (D) | Price | | Transaction(s) (Instr. 3 and 4) | | | | (111311.4) |
| Restricted Stock 05/09/20 | | | | | | | 011 | | S | | 662(1) | D | \$25.3 | 3029 | 28,620 | | | D | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | e Execution | | | 4. Transaction Code (Instr. 8) | | n of i | | 6. Date Exercisa Expiration Date (Month/Day/Yea | | of Securities | | De | Price of rivative curity str. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | Owners Form: Direct (or Indir (I) (Inst | Ownership | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | | Date Exercisa | | Expiration Date | Title | Amoun or Numbe of Shares | er | | | | | |
| Stock Option | \$20.625 | | | | | | | | 01/18/20 | 007 | 01/18/2017 | Common Stock | 40,00 | 0 | | 40,000 | | D | |
| Stock Option | \$16.69 | | | | | | | | 10/30/20 | 008 | 10/30/2018 | Common Stock | 10,00 | 0 | | 10,000 | | D | |
| Stock Option | \$21.07 | | | | | | | | 10/28/20 | 009 | 10/28/2019 | Common Stock | 7,500 |) | | 7,500 | | D | |
| Stock Option | \$24.61 | | | | | | | | 03/01/20 | 011 | 03/01/2021 | Common Stock | 7,500 | | | 7,500 | | D | |

Explanation of Responses:

1. The proceeds from this sale were used to pay the taxes associated with the 5/9/2011 vesting of 2500 shares of restricted stock.

Remarks:

/s/ Thomas M. Wierdsma By: John J. Bulfin as Attorney-in-

** Signature of Reporting Person

Fact

05/11/2011

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.