FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB A | PPROVAL |
|-----------------|-----------|
| OMB Number: | 3235-0287 |
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0.5

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| | Check this box if no longer subject to |
|---|--|
| ١ | Section 16. Form 4 or Form 5 |
| ı | 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* FOREMAN ANNE N | | | | | | 2. Issuer Name and Ticker or Trading Symbol GEO GROUP INC [GEO] | | | | | | | | | | elationsh eck all ap X Dire | • | ng Pei | rson(s) to Iss 10% Ov | | |
|--|---|--|---|-------------|---|---|--|------|------------|-------------------------------------|----------------|-------------------|--|------|----------------------|--|------------------------------|----------------|--|--|--|
| | • | E, SUITE 700 | (Middle) | | 03/ | 3. Date of Earliest Transaction (Month/Day/Year) 03/02/2015 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | belo | | n Filin | Other (s below) | | |
| (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 - Noi | า-Deriv | ative | e Se | curiti | es A | cqu | ıired, I | Disp | oosed (| of, or E | enef | ficial | y Own | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Date) | | | | | | ar) i | A. Deemed Execution Date, f any Month/Day/Year) | | е, | 3. Transac Code (II 8) | | Dispose | ities Acq d Of (D) (| | | Secui Bene Owne | icially d Following | Forr (D) | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | | Code | v | Amount | nt (A) or (D) | | Price | | ted action(s) 3 and 4) | | | (Instr. 4) | |
| Restricted Stock 03/02/ | | | | | | 2015 | | | | A | | 3,000 | O ⁽¹⁾ A \$ | | \$0.00 |) 9 | 9,630(2) | | D | | |
| Common Stock | | | | | | | | | | | | | | | | 2 | 20,108(2) | | D | | |
| | | Т | able II - | | | | | | | | | sed of onverti | | | | Owned | I | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Da | ed Date, | i. Transaction Code (Instr. 3) | | 5. Number | | 6. D | Date Exer piration I onth/Day | rcisal Date | ble and | 7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4) | | | 8. Price of Derivative Security (Instr. 5) | | e S Illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | - | Code | v | (A) | (D) | Dat Exe | te ercisable | | xpiration ate | Title | or | ount mber ares | | | | | | |
| Stock Options | \$18.23 | | | | | | | | 10/ | /28/2009 | 10 |)/28/2019 | Commo Stock | 5, | 780 | | 5,780 |) | D | | |
| Stock Options | \$21.29 | | | | | | | | 03/ | /01/2015 | 03 | 3/01/2021 | Commo Stock | 5,3 | 780 | | 5,780 | | D | | |

Explanation of Responses:

- 1. Represents the grant of restricted common stock of The GEO Group, Inc., vesting in equal annual increments of 25% on each of the four anniversary dates immediately following the grant date.
- 2. The amount of shares has been adjusted to reflect the March 2, 2015 vesting of 625 shares of restricted stock.

Remarks:

/s/John J. Bulfin, as Attorneyin-Fact for Anne N. Foreman

03/04/2015

** 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.