

Fuller Stephen V.
Form 3
February 04, 2011

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,
Section 17(a) of the Public Utility Holding Company Act of 1935 or Section
30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person *		2. Date of Event Requiring Statement	3. Issuer Name and Ticker or Trading Symbol	
Â Fuller Stephen V.		(Month/Day/Year)	GEO GROUP INC [GEO]	
(Last)	(First)	(Middle)	4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)
		02/03/2011		
ONE PARK PLACE, SUITE			(Check all applicable)	
700,Â 621 NW 53RD STREET			<input type="checkbox"/> Director	<input type="checkbox"/> 10% Owner
(Street)			<input checked="" type="checkbox"/> Officer	<input type="checkbox"/> Other
			(give title below)	(specify below)
BOCA RATON,Â FLÂ 33487			SVP - Human Resources	6. Individual or Joint/Group Filing(Check Applicable Line)
(City)	(State)	(Zip)		<input checked="" type="checkbox"/> Form filed by One Reporting Person
				<input type="checkbox"/> Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Restricted Stock	4,000 ⁽¹⁾	D	Â

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

SEC 1473 (7-02)

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 control number.

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4) Title	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
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	Date Exercisable	Expiration Date	Amount or Number of Shares	or Indirect (I) (Instr. 5)
Stock Options	07/31/2006	07/31/2016	Common Stock ⁽²⁾ 3,000	\$ 13.74 D
Stock Options	02/05/2007	02/05/2017	Common Stock ⁽²⁾ 6,000	\$ 21.555 D
Stock Options	10/30/2008	10/30/2018	Common Stock ⁽²⁾ 500	\$ 16.69 D
Stock Options	10/28/2009	10/28/2019	Common Stock ⁽²⁾ 5,000	\$ 21.07 D

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Fuller Stephen V. ONE PARK PLACE, SUITE 700 621 NW 53RD STREET BOCA RATON, FL 33487	^	^	^ SVP - Human Resources	^

Signatures

John J. Bulfin, as attorney in fact for Stephen V. Fuller
02/03/2011

__Signature of Reporting Person

Date

Explanation of Responses:

* If the form is filed by more than one reporting person, *see* Instruction 5(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).

Represents shares of restricted common stock of The GEO Group, Inc. 2,000 shares were granted on May 9, 2007 and vest in four equal annual increments beginning on May 9, 2008 and each of the three anniversary dates thereafter. 2,000 shares granted on June 26, 2009 and vest in four equal annual increments beginning September 1, 2010 and each of the three anniversary dates thereafter.

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

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *See* Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.