1. Name and Address of Reporting Person

RENZI  EUGENE C  
(Last)  (First)  (Middle)
12015 LEE JACKSON HIGHWAY  
(Street)  
FAIRFAX  VA  22033  
(City)  (State)  (Zip)

2. Issuer Name and Ticker or Trading Symbol

MANTECH INTERNATIONAL CORP [MANT]

5. Relationship of Reporting Person(s) to Issuer

(Enter only one category)

- Director
- 10% Owner
- Officer (specify below)
- Other (specify below)

X Sr. Executive Vice President

3. Date of Earliest Transaction (Month/Day/Year)

09/13/2004

4. If Amendment, Date of Original Filed (Month/Day/Year)

6. Individual or Joint/Group Filing (Check Applicable Line)

- Form filed by One Reporting Person
- Form filed by More than One Reporting Person

X Form filed by One Reporting Person
Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

<table>
<thead>
<tr>
<th>1. Title of Security (Instr. 3)</th>
<th>2. Transaction Date (Month/Day/Year)</th>
<th>2A. Deemed Execution Date, if any (Month/Day/Year)</th>
<th>3. Transaction Code (Instr. 8)</th>
<th>4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)</th>
<th>5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)</th>
<th>6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)</th>
<th>7. Nature of Indirect Beneficial Ownership (Instr. 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Stock Option (right to buy)</td>
<td>$15.66</td>
<td>09/13/2004</td>
<td></td>
<td>A</td>
<td>50,000</td>
<td>D</td>
<td></td>
</tr>
</tbody>
</table>

1. The options vest in three equal annual installments, beginning on September 13, 2005 (the first anniversary date of the date of the grant).

Explanation of Responses:

- The form is filed by more than one reporting person, see Instruction 4 (b)(vi).
- 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.


** Signature of Reporting Person  Date