## FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
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 OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

|                                                         | pe Response                                                           | 3)                                     |                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                  |                                                                |                                               |                                               |                                                                                                                                                |                                                                         |                    |                                  |                                                              |                                                            |
|---------------------------------------------------------|-----------------------------------------------------------------------|----------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|----------------------------------------------------------------|-----------------------------------------------|-----------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|--------------------|----------------------------------|--------------------------------------------------------------|------------------------------------------------------------|
| 1. Name and Address of Reporting Person * Caswell Bruce |                                                                       |                                        |                                                             | 2. Issuer Name and Ticker or Trading Symbol MAXIMUS INC [MMS]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                  |                                                                |                                               |                                               |                                                                                                                                                | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) |                    |                                  |                                                              |                                                            |
| (Last) (First) (Middle) 11419 SUNSET HILLS ROAD         |                                                                       |                                        | 3. Date of Earliest Transaction (Month/Day/Year) 03/31/2010 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                  |                                                                |                                               |                                               | Officer (give title below) X Other (specify below)  President - Health Service                                                                 |                                                                         |                    |                                  |                                                              |                                                            |
| (Street)                                                |                                                                       |                                        |                                                             | 4. If Amendment, Date 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 |                                                                         |                    |                                  |                                                              |                                                            |
|                                                         | N, VA 2019                                                            |                                        |                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                  |                                                                |                                               |                                               |                                                                                                                                                |                                                                         | ou by more than    | - one responding                 |                                                              |                                                            |
| (City                                                   | r)                                                                    | (State)                                | (Zip)                                                       | Ta                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ble I - No                       | ı-Deri                                                         | ivative S                                     | Securities                                    | s Acqu                                                                                                                                         | ired, Disp                                                              | osed of, or l      | Beneficially                     | Owned                                                        |                                                            |
| 1.Title of Security<br>(Instr. 3)                       |                                                                       |                                        | 2. Transaction Date (Month/Day/Year)                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (Instr. 8)                       | (A) or Disposed of (Instr. 3, 4 and 5)                         |                                               | of (D)                                        | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s)  6. Ownersh Form:                                                 |                                                                         | Ownership<br>Form: | 7. Nature of Indirect Beneficial |                                                              |                                                            |
|                                                         |                                                                       |                                        |                                                             | (Month/Day/Year)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Code                             | V                                                              | Amount                                        | (A)<br>or<br>(D)                              | Price                                                                                                                                          | (Instr. 3 a                                                             | and 4)             |                                  | \ /                                                          | Ownership<br>(Instr. 4)                                    |
| Common                                                  | ommon Stock                                                           |                                        | 03/31/2010                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | F                                |                                                                |                                               | + ` ´ +                                       |                                                                                                                                                | 53,868.70 (1)                                                           |                    | ì                                | D                                                            |                                                            |
|                                                         |                                                                       |                                        |                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                  | Pers                                                           | ained ir                                      | o respo                                       | rm are                                                                                                                                         | e not requ                                                              |                    | spond unle                       | ss                                                           | 1474 (9-02)                                                |
|                                                         |                                                                       |                                        | Table II -                                                  | Derivative Securiti                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ies Acquire                      | Pers<br>conta<br>the fe                                        | ons wh<br>ained ir<br>orm dis                 | o respo<br>this fo<br>plays a                 | rm are<br>curre<br>neficial                                                                                                                    | not requesting ntly valid                                               | uired to res       |                                  | ss                                                           | 1474 (9-02)                                                |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)     | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/) | Table II -  1 3A. Deemed Execution Day                      | Derivative Securitives, puts, calls, was tended to the control of | ies Acquire<br>arrants, op<br>5. | Pers<br>conta<br>the for<br>ed, Di<br>tions,<br>6. Da<br>and I | isposed of convert<br>ate Exerc<br>Expiration | o responding this for Bertible secutions Date | rm are curre neficial rities) 7. T Amo Und Secu (Ins: 4)                                                                                       | not requesting ntly valid                                               | OMB conf           | spond unle                       | of 10. Owners: Form of Derivati Security Direct (i or Indire | 11. Natu<br>of Indire<br>Benefici<br>Ownersh<br>(Instr. 4) |

#### **Reporting Owners**

|                                                                   | Relationships |              |         |                            |  |  |
|-------------------------------------------------------------------|---------------|--------------|---------|----------------------------|--|--|
| Reporting Owner Name / Address                                    | Director      | 10%<br>Owner | Officer | Other                      |  |  |
| Caswell Bruce<br>11419 SUNSET HILLS ROAD<br>RESTON, VA 20190-5207 |               |              |         | President - Health Service |  |  |

### **Signatures**

| David R. Francis: As Attorney-In-Fact for: Bruce Caswell | 04/02/2010 |
|----------------------------------------------------------|------------|
| Signature of Reporting Person                            | Date       |
|                                                          |            |

#### **Explanation of Responses:**

- \* 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).
- (1) Of this amount, 47,061.998 shares are restricted and subject to future vesting pursuant to the terms of a grant of restricted stock previously made by the issuer to the reporting person. The reporting person does not have voting or dispositive power over these shares of restricted stock.

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.