FORM 4

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

OMB APPROVAL

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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

(Print or Ty	pe Response	s)														
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) Director 10% Owner				
(Last) (First) (Middle) 11419 SUNSET HILLS ROAD				3. Date of Earliest Transaction (Month/Day/Year) 04/05/2011								Officer (give title below) X Other (specify below) President - Health Service				
(Street) RESTON, VA 20190-5207				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				
(City		(State)	(Zip)				Гаble I -	Non-D	erivati	ve Securit	ties Acquir	red, Dispose	d of, or Ber	neficially Own	ned	
(Instr. 3) Date		2. Transaction Date (Month/Day/Year)	Execution any			(Instr. 8)					5. Amount of Securities Beneficially Owned Following Reported Transaction(s)			6. Ownership Form:	Beneficial	
				(Month/	Day/	/Year)	Code	V	Amou	(A) or (D)	Price	(Instr. 3 and	d 4) Direct (D) or Indirect (I) (Instr. 4)		or Indirect (I)	Ownership Instr. 4)
Common	Stock (1)		04/05/2011				M		6,600) A	\$ 27.94	13,862.23	35])	
Common	Stock		04/05/2011				S		6,600	D D	\$ 79.966 (2)	7,262.235	5])	
			ach class of securities Table II -	· Derivat	ive S	Securi	ties Acqu	Person form	sons v tained n disp	vho resp in this follows a cu	orm are r irrently va	alid OMB o	d to respo	nd unless th		174 (9-02)
1. Title of Derivative Security (Instr. 3)	Conversion	3. Transaction Date (Month/Day/Ye		4. 5. if Transaction of Code Doar) (Instr. 8) Sc Ac (A Di of (Instr. 8) Sc (Instr. 8)		5. l on of De Sec Ac (A) Dis of (In	Number 6. I		ions, convertible sec Date Exercisable d Expiration Date Ionth/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)			9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Ownership Form of Derivative Security: Direct (D) or Indirect	(Instr. 4)
								Date	isable]	Expiration	Title	Amount or Number				
_	_			Cod	e v	V (A)	(D)	Exerci	isable	Date		of Shares				

Reporting Owners

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

Signatures

David R. Francis: As Attorney-In-Fact for: Bruce Caswell	04/07/2011
**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) These sales were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on Dec 17, 2010.
- (2) Weighted average sales price for prices ranging from \$79.75 to \$80.72. The reporting person will provide full information regarding the number of shares purchased or sold at each separate price upon request by the Commission staff, the issuer, or a security holder of the issuer.
- (3) Effective 10/18/2004 Non Qualified Stock Options to acquire 50,000 shares of common stock were issued with the following vesting schedules Shares Vest Date 12,500 10/18/2005 12,500 10/18/2006 12,500 10/18/2007 12,500 10/18/2008 These options expire on 10/18/2014

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.