FORM 4

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

OMB APPROVAL						
	OMB Number:	3235-0287				
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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* POND PETER					2. Issuer Name and Ticker or Trading Symbol MAXIMUS INC [MMS]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X_ Director 10% Owner							
(Last) (First) (Middle) C/O MAXIMUS, INC., 1891 METRO CENTER DRVIE				3. Date of Earliest Transaction (Month/Day/Year) 07/08/2013								Officer (give	title below)	Oth	er (specify be	low)			
(Street)				4. If Amendment, Date Original Filed(Month/Day/Year)							_X_ Fo	6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person Form filed by More than One Reporting Person							
RESTON (City	N, VA 2019	(State)	(Zip)																
		(State)	1													icially Own		_	
(Instr. 3) Date		2. Transaction Date (Month/Day/Year	Execu any	A. Deemed Execution D ny	Date,	if Code (Instr	(Instr. 8)		4. Securities Acquire (A) or Disposed of (Instr. 3, 4 and 5)		of (D)	(D) Owned Follow Transaction(s)				6. Ownership Form:	of II Ben	Beneficial	
				(Mont	h/Da	ay/Ye					(A) or		or I			· /		nership str. 4)	
Common	umon Stock (1) 07/08/2013		07/08/2013				ode M		Amount 12,748	Δ	Price \$ 8.552	12,7	48			(Instr. 4) D			
Common Stock (1) 07/		07/08/2013					S		12,748		\$ 36.44 (2)	0		D					
Reminder:	Report on a s	separate line for eacl	n class of securities b					F i a	Person In this In curre	ns who form a ently v	re not a	require IB cont	ed to re trol nu	espond ι mber.		on contain form displ		C 1474	4 (9-02)
			Table II				rities Ac warrant						Owne	ed					
1. Title of Derivative Security (Instr. 3)		Exercise (Month/Day/Year) ce of rivative			erivative rities nired (A) isposed 0) r. 3, 4,	Expi (Mor	ration	Exercisable and on Date Day/Year)		of U	7. Title and Amount of Underlying Securities (Instr. 3 and 4)		Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s	Owner Form of Derivate Securi Direct or Indition	ship of tive by: (D) rect	(Instr. 4)		
					Code V (A		(D)	Date Exer	cisable		iration e	Title		Amount or Number of Shares		(Instr. 4)	(Instr.	4)	
Stock Options	\$ 8.552	07/08/2013		M			12,748	03/1	18/200	04 03/	18/201	41	nmon	12,748	\$ 0	47,252	<u>3)</u> D		

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
POND PETER C/O MAXIMUS, INC. 1891 METRO CENTER DRVIE RESTON, VA 20190	X					

Signatures

David R. Francis: As Attorney-In-Fact for: Peter Pond	07/09/2013		
**Signature of Reporting Person	Date		

Explanation of Responses:

 \star 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 June 7, 2013.
- (2) Weighted average sales price for prices ranging from \$36.25 to \$36.69. 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) On COB 6/28/2013, the Common Stock of Maximus, Inc. split 2-for-1: resulting in the beneficial ownership of twice as many shares of common stock as previously reported.

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.