FORM 4

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

OMB APPROVAL							
OMB Number:	3235-0287						
Estimated average	burden						
houre par raenonee	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

(Print or Typ	e Responses)														
1. Name and Address of Reporting Person *- POND PETER				2. Issuer Name and Ticker or Trading Symbol MAXIMUS INC [MMS]							5	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner				
(Last) (First) (Middle) C/O MAXIMUS INC. ATTN: TREASURY DEPT, 1891 METRO CENTER DRIVE				3. Date of Earliest Transaction (Month/Day/Year) 03/16/2016						-	Officer (gi	ive title below)	Othe	er (specify below)	
(Street) RESTON, VA 20190				4. If Amendment, Date Original Filed(Month/Day/Year)								6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting PersonForm filed by More than One Reporting Person				
(City))	(State)	(Zip)	Table I - Non-Derivative Securities Acqui							ies Acquir	ired, Disposed of, or Beneficially Owned				
(Instr. 3)			2. Transaction Date (Month/Day/Year)	2A. Deen Execution any (Month/D	on Date,	e, if Co			4. Securities Ac (A) or Disposed (Instr. 3, 4 and 5		of (D) Owned Follow		wing Report	ted C	Ownership orm: B	7. Nature of Indirect Beneficial Ownership
			(WOHU)/L	ay/ 1		Code	. V	Amou	(A) or (D)	l ì	msu. 3 and -	•)	or (I)	r Indirect (I		
Reminder: R	Report on a se	eparate line for eac	h class of securities	s beneficia	lly ov	wned dir	rectly	Perso conta	ns w ined	in this fo	rm are n		d to respor	nd unless th		74 (9-02)
			Table II -					ired, Dis	posed		neficially (lid OMB co	ontroi num	iber.	_	
Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security			, if Transaction of Code Earl (Instr. 8) S A (1) E CODE CODE CODE CODE CODE CODE CODE CO		5. Num of Deriva Securit Acquir (A) or Dispos of (D) (Instr. 2 and 5)	tive ries red	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	V	(A)	(D)	Date Exercisa		Expiration Date	Title	Amount or Number of Shares				
Common Stock (1)	\$ 51.68	03/16/2016		A		5,224		(2))	(2)	Commo Stock	1 7 //4	\$ 0	5,224 ⁽³⁾	D	

Reporting Owners

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

Signatures

David R. Francis: As Attorney-In-Fact for: Peter Pond	03/17/2016
**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) Each Restricted Stock Unit represents a contingent right to receive one share of common stock.
- (2) Restricted Stock Units (RSUs) vest one year from the date of grant, subject to deferred vesting for a longer period at the election of the individual. Expiration date not applicable to RSUs.
- (3) Reporting person also holds restricted stock units with respect to an additional 236,329 shares of common stock with varying vesting schedules.

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.