## 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

Name and Address of Reporting Person *  BELIVEAU RUSSELL A				MA	2. Issuer Name and Ticker or Trading Symbol MAXIMUS INC [MMS]							-	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  _X_ Director Officer (give title below) Other (specify below)							
(Last) (First) (Middle) MAXIMUS, INC. ATTN: TREASURY OPERATIONS, 1891 METRO CENTER DRIVE					3. Date of Earliest Transaction (Month/Day/Year) 06/02/2016							-	Office	r (give title beit		Other (specif	y Delov	~) <u> </u>		
(Street) RESTON, VA 20190-5207				4. If	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	<i>'</i> )	(State)		(Zip)			T	able I -	Non-	De	rivative S	Securi	ities A	cquii	red, Dispo	osed of, or l	Beneficially	Owned		
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date any (Month/Day/Ye			if Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)						Following	Ownership Form: Direct (D)	p of Be Ov	Beneficial Ownership		
								Code	e V	7	Amount	(A) or (D)	Pri	ice				or Indirection (I) (Instr. 4)	t (In	nstr. 4)
Common Stock 06/02		2/2016			S	S		1,000	D	\$ 57.4 (1)	1722	44,479	4,479		D					
Reminder:	Report on a s	separate line	for each	ı class of secu	ırities l	beneficial	ly o	wned d	P	ers on	sons wh	o res	form	n are	not requ		spond unle	ess	C 147	74 (9-02)
				Table II -		ative Sec			<sub>l</sub> uired	, D	)isposed (	of, or	Benef	ficiall	•	OMB con	trol numbe	er.		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transact Date (Month/Da		Execution D	Date, if Tra	4. Transact Code	ion	Number and		o. E	d Expiration Date  Ionth/Day/Year)		7. Tit Amo Unde Secur	tle and bunt of erlying rities r. 3 and		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownersh Form of Derivati Security Direct (I or Indire	of ative ty: (D) irect	Benefic Owners (Instr. 4	
										Dat Exe	e ercisable	Expir Date	ation	Title	Amount or Number of					

#### **Reporting Owners**

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
BELIVEAU RUSSELL A MAXIMUS, INC. ATTN: TREASURY OPERATIONS 1891 METRO CENTER DRIVE RESTON, VA 20190-5207	X						

### **Signatures**

David R. Francis: As Attorney-In-Fact for: Russell A Beliveau	06/03/2016
-*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) Weighted average sales price for prices ranging from \$57.46 to \$57.48. 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.

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.