FORM	4
------	---

Check this box if no
longer subject to
Section 16. Form 4 or
Form 5 obligations
may continue. See
Instruction 1(b).

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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

SEC 1474 (9-02)

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 Type Respondence)	nses)		r								
1. Name and Addres Andrekovich Ma	2. Issuer Name an MAXIMUS IN			iding Sym	ıbol	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
(Last) MAXIMUS, INO DEPT., 1891 MI			3. Date of Earliest 09/30/2016	Transactio	n (Mo	onth/Day/	Year)	X Officer (give title below) Other (specify below) Chief of Human Capital Other (specify below) Other (specify below)			
RESTON, VA 2	4. If Amendment, I	Date Origin	nal Fi	led(Month/	Day/Yea	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)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned								
1.Title of Security (Instr. 3)		Date (Month/Day/Year)	Execution Date, if	e, if Code (Instr. 8)		(A) or D	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or Amount (D) Price		5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	Form:	1
Common Stock		09/30/2016		F		5,191 (<u>1)</u>	D	\$ 56.56	41,968 (2)	D	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

(<i>e.g.</i> , puts, calls, warrants, options, convertible securities)															
1. Title of	2.	3. Transaction	3A. Deemed	4.		5.		6. Date Exer	cisable	7. Tit	le and	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transacti	on	Numl	ber	and Expiration	on Date	Amou	unt of	Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code		of		(Month/Day	/Year)	Unde	rlying	Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)		Deriv	ative			Secur	rities	(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative					Securities (I		(Instr	(Instr. 3 and		Owned	Security:	(Instr. 4)		
	Security					Acqu	ired			4)			Following	Direct (D)	
						(A) o	r						Reported	or Indirect	
						Dispo	sed						Transaction(s)	(I)	
						of (D)						(Instr. 4)	(Instr. 4)	
				(Instr. 3,											
					4, and 5)										
											Amount				
								Dete	E		or				
								Date Expiration Exercisable Date	Title	Number					
								Exercisable	Date		of				
				Code	V	(A)	(D)				Shares				

10/04/2016 Date

Reporting Owners

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Andrekovich Mark MAXIMUS, INC., ATTN: TREASURY DEPT. 1891 METRO CENTER DRIVE RESTON, VA 20190			Chief of Human Capital				

Signatures

David R. Francis: As Attorney-In-Fact for: Mark Andrekovich

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 shares were surrendered to satisfy the withholding tax due in connection with the recent vesting of restricted stock units.
- (2) In addition, the reporting person holds 25,776 shares that 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.