

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

OMB APPROVAL					
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nours per respons	se 0.5				

INITIAL STATEMENT OF 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 Respo	nses)											
1. Name and Address of Reporting Person* RAJAN GAYATHRI		S	2. Date of Event Requiring Statement (Month/Day/Year) 12/14/2016				3. Issuer Name and Ticker or Trading Symbol MAXIMUS INC [MMS]					
(Last) (First) (Middle) C/O MAXIMUS INC. ATTN: TREASURY DEPT, 1891 METRO CENTER DRIVE			12/14/2016		X Director Officer (give titl	all applicable) all opplicable all o	Filed(Mon	5. If Amendment, Date Original Filed(Month/Day/Year)				
RESTON, X1 20	(Street)						below)	below)	Applicable I _X_ Form fi	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 Beneficially Owned									
(Instr. 4)				Beneficially Owned (Instr. 4)			4. Nature of Indirect Beneficial Ownership (Instr. 5)					
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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)												
1. Title of Derivative Security (Instr. 4)	e Security	and I	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and A Securities Un Security (Instr. 4)		mount of derlying Derivativ	Price of Derivative	5. Ownership Form of Derivative Security: Direct	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
	Date Exerc	cisable	Expiration Date	Title	Amoun Shares	t or Number of	Security	(D) or Indirect (I) (Instr. 5)				

Reporting Owners

	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
RAJAN GAYATHRI C/O MAXIMUS INC. ATTN: TREASURY DEPT 1891 METRO CENTER DRIVE RESTON, X1 20190	X				

Signatures

David R. Francis: As Attorney-In-Fact for: Gayathri Rajan	02/17/2017		
-*Signature of Reporting Person	Date		

Explanation of Responses:

No securities are beneficially owned

- * If the form is filed by more than one reporting person, see Instruction 5(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).

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.