FORM 4

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

OMB APPRO	JVAL
OMB Number:	3235-0287
Estimated average b	ourden
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

(Print or Type	Responses)														
1. Name and Address of Reporting Person* Altman Anne K.			2. Issuer Name and Ticker or Trading Symbol MAXIMUS INC [MMS]							Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director					
(Last) (First) (Middle) C/O MAXIMUS INC. ATTN: TREASURY DEPT, 1891 METRO CENTER DRIVE (Street)			Date of Earliest Transaction (Month/Day/Year) 05/31/2017 4. If Amendment, Date Original Filed(Month/Day/Year)						_)	
														:)	
RESTON, VA 20190 (City) (State) (Zip)			(Zip)			Table	I - Non-	-Derivat	ive Securiti	ies Acquire	ired, Disposed of, or Beneficially Owned				
(Instr. 3) Date		1	2. Transaction Date (Month/Day/Year)		ed Date,	if Cod (Ins	ransactio e rr. 8)	(A) or Disposed		of (D) Owned Follo		/		Ownership of Form:	Nature f Indirect eneficial wnership
						ode	V Amo	ount (A) or	l ì			(or Indirect (In I) Instr. 4)	nstr. 4)	
Reminder: Re	port on a sep	arate fille for each					P	ersons v	who resno	and to the	collection	of inform	ation	SEC 14	74 (9-02)
Reminder: Re	port on a sep	alate fine for each	Table II -	Derivative			fo quired,	ontained orm disp , Dispose	d in this fo clays a cur	orm are no rrently val	lid OMB co	to respon	d unless th		74 (9-02)
1. Title of Derivative Security (Instr. 3)	2.	3. Transaction Date (Month/Day/Yea	3A. Deemed Execution Date	(e.g., puts, c e, if 4. Transac Code	calls, vection (8)	warran 5.	equired, ts, option (Mo	ontained orm disp , Dispose	d in this foolays a cur ed of, or Benertible securcisable on Date	rm are no rently val neficially (urities)	ot required lid OMB co Owned and Amount ying	to respor	9. Number o	f 10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Natur of Indired Beneficial Ownersh (Instr. 4)
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction Date	3A. Deemed Execution Date any	(e.g., puts, c e, if 4. Transac Code	calls, vection (8)	5. Number of Derivar Securit Acquir (A) or Disposo of (D) (Instr. 4, and	equired, ts, option (Modern teles) ed (ed (b), (b))	ontainec orm disp , Dispose ons, conv Date Exer I Expirati onth/Day	d in this follows a cur d of, or Bei ertible securcisable on Date /Year)	rm are normal rentity valuations. 7. Title an of Underly Securities (Instr. 3 and 1985)	ot required lid OMB co Owned and Amount ying	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(f 10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Natur of Indire Beneficia Ownersh (Instr. 4)

Reporting Owners

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

Signatures

David R. Francis: As Attorney-In-Fact for: Anne K. Altman	06/02/2017
**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) Dividend equivalent rights accrued on previously-awarded restricted stock units ("RSU") which vest proportionately with the RSUs to which they relate. Each dividend equivalent right is the economic equivalent of one share of MAXIMUS common 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.