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

| ses) | | | | | | | | | | | | |
|--|---|-----------------------|---|--|--|--|--|--|---|---|--|--|
| 1. Name and Address of Reporting Person * FRANCIS DAVID | | | 2. Issuer Name and Ticker or Trading Symbol MAXIMUS INC [MMS] | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable)Director10% Owner | | | | |
| (Last) (First) (Middle) C/O MAXIMUS,INC. ATTN: TREASURY DEPT, 1891 METRO CENTER DR | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/13/2017 | | | | | X Officer (give title below) Other (specify below) General Counsel | | | | |
| (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 | | | | |
| (State) | (Zip) | Т | able I - No | n-Der | rivative S | Securities | Acqui | ired, Disp | osed of, or I | Beneficially (| Owned | |
| (Instr. 3) Date | | any | Code (Instr. 8) | | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) | | | Ownership of Form: | 7. Nature of Indirect Beneficial |
| | | (Month/Day/Year) | Code | V | Amoun | (A) or t (D) | Price | (Instr. 3 a | and 4) | | | Ownership (Instr. 4) |
| | 11/13/2017 | | S | | 3,900 | D | \$ 63.97 | 15,090 | | | D | |
|) | 11/13/2017 | | G | | 100 | D S | \$ 0 | 14,990 | | | D | |
| | | | | Pers | ons wh | o respo | | not requ | uired to res | | | 1474 (9-02) |
| | | Derivative Securi | | the fred, D | isposed (| of, or Ben | reficial | | | rol number | | |
| 3 Transaction | | (e.g., puts, calls, w | arrants, o | the tred, D | isposed (| of, or Ben tible secu | neficial | ly Owned | | | | 11 Natur |
| 3. Transaction Date (Month/Day/Y | 3A. Deemed Execution Da any | | arrants, o | red, D ptions 6. D and (Mo | isposed (| of, or Ben tible secu cisable on Date | 7. Ti Amo | | 8. Price of | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | f 10. Ownersl Form of Derivati Security Direct (1) or Indire | Ownersh (Instr. 4) |
| | (First) INC. ATTN: TRO CENTER (Street) 190 (State) | D | MAXIMUS II (First) | MAXIMUS INC [MM 3. Date of Earliest Transaction 11/13/2017 | MAXIMUS INC [MMS] (First) (Middle) INC. ATTN: TREASURY FRO CENTER DR (Street) 4. If Amendment, Date Original F 2. Transaction Date (Month/Day/Year) (Month/Day/Year) 2A. Deemed Execution Date, if any (Month/Day/Year) (Month/Day/Year) Code V 11/13/2017 S 11/13/2017 A separate line for each class of securities beneficially owned directly or Pers | MAXIMUS INC [MMS] (First) (Middle) INC. ATTN: TREASURY (Street) (Street) (State) (State) (Zip) (Zip) (Zip) (Zip) (Xinc) (Xin | MAXIMUS INC [MMS] (First) (Middle) INC. ATTN: TREASURY (Street) (Street) (State) (Zip) (State) (Zip) (Zip) (State) (Zip) (A) Or Disposed ((Instr. 8)) (Instr. 3, 4 and 5) (A) or Or Disposed ((Instr. 8)) (Instr. 3) (A) or Or Or Disposed ((Instr. 8)) (Instr. 3) (A) or Or Disposed ((Instr. 8)) (Instr. 3) (Instr | MAXIMUS INC [MMS] (First) (Middle) INC. ATTN: TREASURY TRO CENTER DR (Street) 4. If Amendment, Date Original Filed(Month/Day/Year) 190 (State) 2. Transaction Date (Month/Day/Year) 2. Transaction Date (Month/Day/Year) (Month/Day/Year) 2. Transaction Date (Month/Day/Year) 2. Transaction Date (Month/Day/Year) 2. Transaction Date (Month/Day/Year) 2. Transaction Execution Date, if (Month/Day/Year) 2. Transaction Date (Instr. 8) (Month/Day/Year) 2. Transaction Execution Date, if (A) or Disposed of (D) (Instr. 8) (Instr. 8) (A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or Disposed of (D) (Instr. 8) (B) Persons who respond to contained in this form are | MAXIMUS INC [MMS] Contained in this form are not required in this form are not required. | MAXIMUS INC [MMS] (First) (Middle) INC. ATTN: TREASURY TRO CENTER DR (Street) (State) (Zip) (Zip) (State) (Zip) (A) (A) (A) (Instr. 3, 4 and 5) (Instr. 3, 4 and 5) (Instr. 3 and 4) (Instr. 3 and 4) | MAXIMUS INC [MMS] Check all application of the collection of information | MAXIMUS INC [MMS] Check all applicable 10% Owner 11/13/2017 Check all applicable 10% Owner 10% Owner |

Reporting Owners

| | Relationships | | | | | |
|---|---------------|--------------|-----------------|-------|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | |
| FRANCIS DAVID C/O MAXIMUS,INC. ATTN: TREASURY DEPT 1891 METRO CENTER DR RESTON, VA 20190 | | | General Counsel | | | |

Signatures

| David R Francis - General Counsel | 11/13/2017 |
|-----------------------------------|------------|
| **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) The reporting person made a gift of these shares to an IRC 501(c) (3) charitable organization.

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.