## FORM 4

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

OMB APPROVAL						
OMB Number:	3235-0287					
Estimated average	burden					
hours per response	9 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 Typ	e Responses	)														
1. Name and Address of Reporting Person * HALEY JOHN J			2. Issuer Name and Ticker or Trading Symbol MAXIMUS INC [MMS]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
(Last) (First) (Middle) C/O MAXIMUS,INC. ATTN: TREASURY DEPT, 1891 METRO CENTER DR			3. Date of Earliest Transaction (Month/Day/Year) 03/14/2018							-	Officer (g	ive title below)	Other	(specify below)		
(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 Person  _Form filed by More than One Reporting Person				
(City)	)	(State)	(Zip)	Table I - Non-Derivative Securities Acqu							ies Acquir	ired, Disposed of, or Beneficially Owned				
1.Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Year			2A. Deemed Execution I any (Month/Day		e, if Co (In	3. Transaction Code (Instr. 8)		4. Securities Ac (A) or Disposed (Instr. 3, 4 and 5		Owned Follo Transaction(s (Instr. 3 and 4)		wing Report	ed O Fo D or	wnership orm: Be irect (D) Ov Indirect (In	Nature f Indirect eneficial wnership nstr. 4)	
							Code	V	Amount	(A) o	r Price			(I <sub>)</sub> (I <sub>1</sub>	nstr. 4)	
	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  (e.g., puts, calls, warrants, options, convertible securities)															
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deemed Execution Date,	, if Transaction Code ear) (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		1 /	3	ing Derivative Security	Derivative Securities Beneficially Owned Following Reported	Security: Direct (D) or Indirect	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	V	(A)	(D)	Date Exercisal		piration te	Title	Amount or Number of Shares				
Common Stock (1)	\$ 67.97	03/14/2015		A		4,561		(2)		(3)	Commo Stock	1/1/561	\$ 0	4,561 <sup>(4)</sup>	D	

### **Reporting Owners**

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
HALEY JOHN J C/O MAXIMUS,INC. ATTN: TREASURY DEPT 1891 METRO CENTER DR RESTON, VA 20190	X						

#### **Signatures**

David R. Francis: As Attorney-In-Fact for: John J Haley	03/15/2018
<sup>**</sup> 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) Each Restricted Stock Unit represents a contingent right to receive one share of common stock.
- (2) Restricted Stock Units (RSUs) vest one year from the date of grant, subject to deferred vesting for a longer period at the election of the individual.
- (3) Expiration date not applicable to RSUs.
- (4) Reporting person also holds restricted stock units with respect to an additional 137,897 shares of common stock with varying vesting schedules.

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.