FORM 4

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

| OMB APPR | OVAL |
|--------------------|-----------|
| OMB Number: | 3235-0287 |
| Estimated average | burden |
| hours por rosponso | 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

| 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) 05/29/2020 | | | | | | Officer (giv | e title below) | Othe | r (specify below) |) | |
| RESTON, V | VA 20190 | (Street) | 4 | 4. If Amend | lment, Da | nte Origi | nal Filed | (Month/Da | Day/Year) | _X_1 | Form filed by | One Reporting | p Filing(Check Person Reporting Person | Applicable Line |) |
| (City) | | (State) | (Zip) | | 1 | able I - | Non-De | rivative | e Securitie | s Acquired, | Disposed | of, or Bene | ficially Owne | d | |
| (Instr. 3) Da | | 2. Transaction Date (Month/Day/Year) | 2A. Deem Execution any (Month/Da | Date, if | 3. Trans Code (Instr. 8 | | (A) or I | Disposed of 3, 4 and 5) | of (D) Owr Tran | Amount of Securities Dwned Following Repor Transaction(s) Instr. 3 and 4) | | d C F I | Ownership Form: I Direct (D) or Indirect (| Beneficial Ownership | |
| | | | | | | Code | v | Amoun | (A) or (D) | Price | | | · · | (1) Instr. 4) | |
| | | | | | | | | ons wh | | d to the co | | | tion contain e form | ed SEC 14 | 174 (9-02) |
| | | | | | | | Perso in thi displaired, Dis | ons who s form ays a c | are not r currently | equired to valid OMB eficially Ow | respond control i | unless th | | ed SEC 14 | 174 (9-02) |
| Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year | 3A. Deemed Execution Date, | (e.g., puts, 4. if Transac Code | 5. Notion of E Section or E of (I | rrants, of Jumber Derivative urities quired (A Disposed D) tr. 3, 4, | Person in thin displayed by timed, Displayed by times, and E (Monto) | ons who s form ays a c sposed o convert | are not recurrently of, or Benetible secur | equired to valid OMB eficially Ow | respond control i ned Amount | unless th number. | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s | To. Ownership Form of Derivative Security: Direct (D) or Indirect | 11. Natur of Indirec Beneficia Ownersh (Instr. 4) |
| Derivative Security (Instr. 3) | Conversion or Exercise Price of Derivative | Date | 3A. Deemed Execution Date, any | (e.g., puts, 4. if Transac Code | calls, wa tion of E Sec: Of Acq or E of (I (Ins and | rrants, of Jumber Derivative urities quired (A Disposed D) tr. 3, 4, | Persoin thin displayed by the control of the contro | ons whose form ays a convert to Exercise Exercise Expiration th/Day/Y | are not recurrently of, or Benetible secur | equired to valid OMB eficially Ownities) 7. Title and of Underlying Securities | respond control i ned Amount | 8. Price of Derivative Security | 9. Number of Derivative Securities Beneficially Owned Following Reported | Ownership Form of Derivative Security: Direct (D) or Indirect | 11. Natur of Indired Beneficia Ownersh (Instr. 4) |

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 Haley | 06/01/2020 |
|-------------------------------------------------------|------------|
| **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.