FORM 4

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

| OMB APPF | ROVAL |
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| OMB Number: | 3235-0287 |
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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

| (Fint of Ty | pe ivesponse | 3) | | | | | | | | | | | | | | |
|--|--------------|----------------------------------|---|---|----------------------------|---|----------------|---------------------|--|-----------------------|---|--|--|---------------------------------------|----------------------------|------------|
| Name and Address of Reporting Person * LEDERER PAUL R | | | 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) O'REILLY AUTOMOTIVE INC, PO BOX 1156 | | | | 3. Date of Earliest Transaction (Month/Day/Year) 09/14/2004 | | | | | | | Officer (giv | e title below) | Oth | er (specify belov | v) | |
| (Street) SPRINGFIELD, MO 65801-1156 | | | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | | _X_1 | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting PersonForm filed by More than One Reporting Person | | | | | |
| (Cit | | (State) | (Zip) | Table I - Non-Derivative Securities Acqui | | | | | | es Acquired, | uired, Disposed of, or Beneficially Owned | | | | | |
| 1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yea | | 2A. Deemed Execution Date, if | | (Instr. 8) | | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | of (D) Owr Tran | | | | Ownership Form: | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | (Wionen | Би | ,, r car | | Code V A | | A) or (D) | Price | | | | or Indirect (In (Instr. 4) | |
| 1 Title of | 2 | 3 Transaction | 1 | | | | | in this t | form are of some are of some are of some of some of some of the so | not r ntly Bend | equired to valid OMB eficially Ow | respond control i | unless the | tion contain e form 9. Number o | | 474 (9-02) |
| 1. Title of Derivative Security (Instr. 3) 2. Date Execution Date, in Month/Day/Year (Month/Day/Year) 3. Transaction Date Execution Date, in Month/Day/Year (Month/Day/Year) (Month/Day/Year) | | Transaction Number of | | rative rities ired rosed) . 3, | Expiration Da (Month/Day/Y | te | of Un Secur | | Title and Amount f Underlying ecurities instr. 3 and 4) | | Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | Ownersh Form of Derivativ Security: Direct (D or Indirect | of Indirect Beneficia Ownershi (Instr. 4) | | | |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiratio Date | n | Title | Amount or Number of Shares | | | | |
| Stock Option (right to buy) | \$ 28.99 | 09/14/2004 | | A | | 94 | | 09/14/2004 | 09/14/2 | 2014 | Common Stock | 94 | \$ 0 | 94 | D | |
| Stock Option (right to buy) | \$ 28.99 | 09/14/2004 | | A | | 156 | | 09/14/2004 | 09/14/2 | 2014 | Common Stock | 156 | \$ 0 | 156 | D | |

Reporting Owners

| | Relationships | | | | | | |
|--|---------------|--------------|---------|-------|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | |
| LEDERER PAUL R O'REILLY AUTOMOTIVE INC PO BOX 1156 SPRINGFIELD, MO 65801-1156 | X | | | | | | |

Signatures

| David R. Francis, as Attorney-In-Fact for Paul Lederer | 09/16/2004 |
|--|------------|
| **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).

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.