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

| (Print or Ty | pe Response | s) | | | | | | | | | | | | | |
|--|-------------|----------------|--------------------------------------|---|----------------------|--|--|----------------------------------|---|---|---|-----------------------------------|---|---|----------------------------|
| 1. Name and Address of Reporting Person* Cramer Andrew W | | | | 2. Issuer Name and Ticker or Trading Symbol MAXIMUS INC [MMS] | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | |
| (Last) (First) (Middle) MAXIMUS, INC., ATTN: TREASURY DEPT., 11419 SUNSET HILLS ROAD | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/31/2007 | | | | | | | X Officer (give title below) Other (specify below) President and General Mgr. | | | | |
| (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 | | | | |
| (City) (State) (Zip) | | | | Table I - Non-Derivative Securities Acquired, D | | | | | | | red, Dispe | isposed of, or Beneficially Owned | | | |
| (Instr. 3) Date | | | 2. Transaction Date (Month/Day/Year) | | (Instr. 8) | ction | (A) or Disposed of (Instr. 3, 4 and 5) | | | Beneficia Reported | nt of Securities ally Owned Following Transaction(s) | | 6. Ownership Form: | Beneficial | |
| | | | | (Month/I | th/Day/Year) | Code | V | Amount | (A) or (D) | Price | (Instr. 3 a | (Instr. 3 and 4) | | Direct (D) or Indirect (I) (Instr. 4) | Ownership (Instr. 4) |
| Common | Stock | | 03/31/2007 | | | F | | 269 | D | \$ 34.48 | 11,844 | (1) | | D | |
| | | | Table II - I | | | ties Acquir arrants, op | | | | | ly Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | | 3. Transaction | 3A. Deemed Execution Date | Derivative e.g., puts 4. te, if Tra | e Securit, calls, w | ties Acquir arrants, op | ed, Dotions 6. Dand (Mo | sons wh tained ir form dis | o responding this for Bertible secutions Date | neficial urities) 7. Ti Amo Undo Secu | not requally valid | OMB conf | 9. Number of Derivative Securities Beneficially Owned | f 10. Ownersh Form of Derivati Security | ve Ownership (Instr. 4) |
| | Security | | | | | Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | | | 4) | | | Following Reported Transaction(s) (Instr. 4) | Direct (I or Indire (I) (Instr. 4) | ct |
| | | | | C | ode V | (A) (D) | Date Exe | - | Expiratio Date | On Title | Amount or Number of Shares | | | | |
| Repor | ting O | wners | | | | | | | | | | | | | |
| | Domort's (| | Relationships | | | | | | | | | | | | |
| Reporting Owner Name / Address | | | | | Director 10% Officer | | | | | | | | | | |

Signatures

Cramer Andrew W

RESTON, VA 20190

11419 SUNSET HILLS ROAD

| David R. Francis: As Attorney-In-Fact for: Andrew Cramer | 03/31/2007 |
|--|------------|
| **Signature of Reporting Person | Date |

Owner

President and General Mgr.

Explanation of Responses:

MAXIMUS, INC., ATTN: TREASURY DEPT.

- * 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) Of this amount, 10,728 shares are restricted and subject to future vesting pursuant to the terms of a grant of restricted stock previously made by the issuer to the reporting person. The reporting person does not have voting or dispositive power over these shares of restricted 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.