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 Responses	s)														
1. Name and Address of Reporting Person * BOYER JOHN					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) C/O MAXIMUS INC, 11419 SUNSET HILLS RD					3. Date of Earliest Transaction (Month/Day/Year) 03/31/2007						X Officer (give title below) Other (specify below) General Manager-Health Svcs					
(Street)					4. If Amendment, Date Original Filed(Month/Day/Year) 04/02/2007						6. Individual or Joint/Group Filing(Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person					
RESTON, VA 20190 (City) (State) (Zip)				Table I - Non-Derivative Securities Acqu						ired, Disposed of, or Beneficially Owned						
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)		•	(Instr. 8)		n 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			Reported Transaction(s)			6. Ownership Form:	7. Nature of Indirect Beneficial	
				(Month/Day/Year		Code	V	Amoun	(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		1,100	D	\$ 34 48	23,698 (1)			D		
				((e.g., p	uts, calls, w	arrants, o	ptions	s, conver	tible sec	urities)					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		/Year) I	(e.g. 3A. Deemed Execution Date, i	(e.g., put te, if Ti	4. 1 Transaction Code (Instr. 8)	arrants, o	and Expiration Date (Month/Day/Year) An Un See (In			neficial urities) 7. T Ame Und Seco	not requesting ntly valid	uired to res	pond unles	of 10. Owners Form of	
	security						(A) or Disposed of (D) (Instr. 3, 4, and 5)				4)			Reported Transaction((Instr. 4)	or Indire	ect
						Code V	(A) (D)		e rcisable	Expiration Date	on Title	Amount or Number of Shares				
Repor	ting O	wners														
Reporting Owner Name /					Relationships											
Reporting Owner Name / Address			Directo	10%	Of	Officer			Other							

General Manager-Health Svcs

Signatures

BOYER JOHN C/O MAXIMUS INC

11419 SUNSET HILLS RD RESTON, VA 20190

David R. Francis: As Attorney-In-Fact for: John Boyer	04/03/2007		
**Signature of Reporting Person	Date		

Owner

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) Of this amount, 18,537 shars 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.