# FORM 4

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

OMB APPROVAL
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

Print or Ty	pe Response	s)																	
1. Name and Address of Reporting Person * BOYER JOHN					2. Issuer Name and Ticker or Trading Symbol MAXIMUS INC [MMS]								5	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) 03/31/2008									X Officer (give title below) Other (specify below)  General Manager-Health Svcs					
(Street)					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 tired, Disposed of, or Beneficially Owned						
RESTON, VA 20190 (City) (State) (Zip)					Table I - Non-Derivative Securities Acqui														Acquir
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)		any	ion Date, if	if (	3. Transaction Code (Instr. 8)		4. Securities Acquire (A) or Disposed of (Instr. 3, 4 and 5)			(D)	Beneficia Reported	nt of Securities Illy Owned Following Transaction(s)		Form:	7. Nature of Indirect Beneficial	
					(Mont	:h/Day/Yea	ır)	Code	V	Amoun	(A) or (D)		rice	(Instr. 3 a	nd 4)		Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)	
Common Stock 03/31			/2008				F		1,437	D	\$ 37	7.29	22,261	1)		D			
														y Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		Y/Year) E		te, if	puts, calls, wa 4. Transaction Code (Instr. 8)		s Acquire	the f	Expiration Date Annth/Day/Year) US			ficially ities) 7. Tit Amou Unde Secur	not required tly valid by Owned le and cant of rlying	OMB cont 8. Price of	spond unles trol number 9. Number o	f 10. Ownersh Form of	ve Ownersh: (Instr. 4)	
	security						(A D of (I	A) or Disposed f (D) (Instr. 3, , and 5)				7				Reported Transaction( (Instr. 4)	or Indire	ect	
						Code V	, (.	(A) (D)	Date	e rcisable	Expira Date	tion	Title	Amount or Number of Shares					
Repor	ting O	wners																	
Reporting Owner Name /				Relationships															
Kepor	Address	rame/	Director	10% Owner	Of	ficer					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	04/02/2008		
**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) Of this amount, 14,120 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.