FORM 4

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

OMB APPROV	/AL
OMB Number:	3235-0287
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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 Type	(Kesponses														
1. Name and Address of Reporting Person* BOYER JOHN				2. Issuer Name and Ticker or Trading Symbol MAXIMUS INC [MMS]						5. F	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) 11/10/2008						X	X Officer (give title below) Other (specify below) General Manager - Health Svcs				
(Street) RESTON, VA 20190				4. If Amendment, Date Original Filed(Month/Day/Year)						_X_	6. Individual or Joint/Group Filing(Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City) (State) (Zip)				Table I - Non-Derivative Securities Acqu						es Acquired	ired, Disposed of, or Beneficially Owned				
1.Title of Sec (Instr. 3)	curity	1	2. Transaction Date Month/Day/Year)	2A. Deem Execution any (Month/Da	Date,	(Inst		(A) c	curities Acq or Disposed of a 3, 4 and 5) (A) or (D)	of (D) Own Tran		Securities Boing Reporte	d 1	Ownership o Form:	Beneficial Ownership
Reminder: R	eport on a se	parate line for each	class of securities l	beneficially	owne	d direct	ly or	indirectly.							
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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deemed Execution Date, i	4. Transac Code	tion 5. Solution of Octoor	warran Numbe	equire ts, op er ative s l (A)	contained form displayed, Disposed tions, conve	in this for lays a curred of, or Benertible securous able ion Date	m are not ently valid eficially Ow	required OMB convined Amount	to respond ntrol numbers	d unless the	f 10. Ownershi Form of Derivative Security: Direct (D or Indirec	11. Natur p of Indirec Beneficia Ownershi (Instr. 4)
1. Title of Derivative Security	Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, i	4. Transac Code	tion 5. Solution of Octoor	Number Derivate curities cquired to Dispose f (D) nstr. 3,	equire ts, op er ative s l (A)	contained form displayed, Dispose otions, convertions, co	in this for lays a curr d of, or Ben ertible secur reisable ion Date //Year)	m are not ently valid eficially Own rities) 7. Title and of Underly: Securities	required OMB convined Amount	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported	f 10. Ownershi Form of Derivative Security: Direct (D or Indirec	11. Natur p of Indirec Beneficia Ownershi (Instr. 4)

D (1 0 N /	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
BOYER JOHN C/O MAXIMUS INC 11419 SUNSET HILLS RD RESTON, VA 20190			General Manager - Health Svcs			

Signatures

David R. Francis: As Attorney-In-Fact for: John Boyer	11/12/2008
**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).
- ($\bf{1}$) Each RSU represents a contigent right to receive one share of common stock.

- Restricted stock units vest based upon the following schedule, subject to deferred vesting for a longer period at the election of the individual, as permitted by the terms of agreement: (2) Shares Vest Date 2,250 09/30/2009 2.249 09/30/2010 2,249 09/30/2011 2,249 09/30/2012 2,249 09/30/2013 2,249 09/30/2014 Expiration date not applicable to RSUs.
- (3) Reporting person also holds restricted stock units with respect to an additional 24,199 shares of common stock with varying vesting schedules.

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.