FORM 4

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

OMB APPR	OVAL
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

1. Name and Address of Reporting Person* THOMPSON JAMES 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						
		(First) TRAWN, 35 SUITE 4600	(Middle) WEST	3. Date of E 12/11/200		Trar	nsactio	on (Month/D	ay/Year)		Officer (gi	ve title below)	Ot	her (specify below	v)
(Street) CHICAGO, IL 60601			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					
(City)	J, IL 0000	(State)	(Zip)			Tab	le I - I	Non-Derivat	tive Securit	ies Acquire	d, Dispose	d of, or Ben	eficially Ow	ned	
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year					3. Tra Code (Instr.		()		equired 5 Ov Ov Tra	Amount of wned Follow ansaction(s	Securities Beneficially wing Reported		6. 7 Ownership of Form: E	. Nature f Indirect Beneficial	
				(Month/Da	y/Yea		Code	V Am	ount (A) or		Instr. 3 and 4) Direct (D) or Indirect (I) (Instr. 4)		Ownership Instr. 4)		
Reminder: R	cport on a sep														
Reminder: Re	eport on a seq							containe form disp red, Dispos	d in this foolays a cur	orm are no rrently vali	t required id OMB co		nd unless t		474 (9-02)
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Ye	3A. Deemed Execution Date	4. Transac Code	ealls, vection I	varra 5. Numb of	ber rative rities ired r osed)	containe form disp	d in this foolays a cul- ed of, or Be vertible sectorisable ion Date	orm are no rrently vali	of required id OMB co Owned d Amount ving	I to respondent on trol number of the second number	nd unless t	of 10. Ownershi Form of Derivative Security: Direct (D) or Indirec	11. Natur p of Indired Beneficia Ownersh (Instr. 4)
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date ary	4. Transac Code	ealls, v	Numbof Deriv Secur Acqui (A) or Dispo of (D) (Instr.	ber rative rities ired rosed) . 3, 15)	red, Dispose options, conventors of the Exe and Expirate	d in this foolays a cui	neficially Ourities) 7. Title and of Underly Securities	of required id OMB co Owned d Amount ving	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction	of 10. Ownershi Form of Derivative Security: Direct (D) or Indirec (s) (I)	11. Natur p of Indired Beneficia Ownersh (Instr. 4)

Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
THOMPSON JAMES R C/O WINSTON & STRAWN 35 WEST WACKER DRIVE, SUITE 4600 CHICAGO, IL 60601	X					

Signatures

David R. Francis: As Attorney-In-Fact for: James R. Thompson	12/12/2008
**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).
- (1) Each RSU Represent a contingent right to receive one shares of common stock.
- (2) 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 the award: Shares Vest Date 0 12/11/2009 0 12/11/2010 73 12/11/2011 Expiration date not applicable to RSUs.
- (3) Reporting person also holds restricted stock units with respect to an additional 14,852 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.