FORM 4

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

OMB APPROVAL
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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* BELIVEAU RUSSELL A | | | | | 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 | | | | |
| (Last) (First) (Middle) MAXIMUS, INC. ATTN: TREASURY OPERATIONS, 11419 SUNSET HILLS ROAD | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 04/01/2009 | | | | | | | Office | r (give title beld | ow) | Other (specify | pelow) | |
| (Street) RESTON, VA 20190-5207 | | | | 4. If | 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) (State) (Zip) | | | | | Table I - Non-Derivative Securities Acquired, Disposed of, or Benef | | | | | | | | Beneficially | neficially Owned | | | |
| 1.Title of Security (Instr. 3) | | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Da r) any (Month/Day/ | | | Code (Inst | e r. 8) | v | 4. Securities Acqu (A) or Disposed of (Instr. 3, 4 and 5) (A) or Amount (D) P | | of (D) | Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) Or (I | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| Common | Common Stock 04 | | 04/01/2009 | | | | S | S | | 1,000 (1) | | \$ 39.12 | 37,126 | 37,126 | | D | |
| Reminder. | Report on a : | reparate file fo | or each class of secu | Deriva | ative Sec | uriti | es Ac | quire | Pers cont the f | ons whained i | no respo n this fo splays a of, or Ber | rm are curre | not requesting ntly valid | OMB con | ormation spond unle trol numbe | ss | 1474 (9-02) |
| | I _ | I | I | ` ' ' | | | | s, op | | | tible secu | | | l | I | | 1 |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | | Execution Da | Date, if | Code | ion 1 | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | Amo Und Secu | itle and bunt of erlying urities tr. 3 and | Derivative Security (Instr. 5) | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | Owners Form of Derivat Security Direct (or Indir | Ownershi (Instr. 4) | |
| | | | | | Code | V | (A) | (D) | Date Exer | | Expiratio Date | n Title | Amount or Number of Shares | | | | |

Reporting Owners

| | Relationships | | | | | |
|---|---------------|--------------|---------|-------|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | |
| BELIVEAU RUSSELL A MAXIMUS, INC. ATTN: TREASURY OPERATIONS 11419 SUNSET HILLS ROAD RESTON, VA 20190-5207 | X | | | | | |

Signatures

| David R. Francis: As Attorney-In-Fact for: Russell Beliveau | 04/02/2009 |
|---|------------|
| **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) The sale reported on this form 4 was pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on May 12,2008.

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.