longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL 3235-0287 OMB Number: Estimated average burden 0.5 hours per response..

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

Responses)																	
(Print or Type Responses) 1. Name and Address of Reporting Person* Walker David N				2. Issuer Name and Ticker or Trading Symbol MAXIMUS INC [MMS]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
(Last) (First) (Middle) C/O MAXIMUS,INC., 1891 METRO CENTER DRIVE				3. Date of Earliest Transaction (Month/Day/Year) 08/31/2012								X Officer (give title below) Other (specify below) CFO					
(Street)				4. If Amen	dmen	, Date Or	rigina	al Filed	(Month/l	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					
VII 20170	(State)	((Zip)			Table	e I -	Non-De	erivati	ve Securition	es Acquire	d, Disposed	of, or Benef	icially Owned			
urity		Date	;	Execution any	n Date	e, if Code (Inst	e r. 8)		(A) o (Instr	r Disposed (c. 3, 4 and 5)	of (D) Ow Tra	ned Followi insaction(s)		C F D O (I	wnership orm: irect (D) Indirect	Beneficial Ownership	
port on a sep	arate line for ea	ich class o	Table II -	Derivativ	e Seci	ırities Ac	quir	Perso in this a curr	ons w s forn rently	n are not revealed only valid OMI	equired to 3 control eficially Ow	respond ι number.				474 (9-02)	
2. Conversion or Exercise Price of Derivative Security	Date	ear) Exe	Deemed ecution Date, it	4. Transaction Code		5. Number of Derivative Securities Acquired (A)		6. Date Exercisal and Expiration D (Month/Day/Yea		cisable on Date	7. Title and of Underly Securities	ring		Derivative Securities Beneficially Owned Following Reported	Ownershi Form of Derivativ Security: Direct (D or Indirect	(Instr. 4)	
				Code	v	(A)	(D)		isable	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)	(Instr. 4)		
<u>(1)</u>	08/31/201	2		A	1	45.993		Ĺ	1)	(1)	Common Stock	145.993	\$ 0	88,374.622	D		
ing Ow	ners																
			Relations	hips													
Reporting Owner Name / Address Director Owner			Officer	Othe	r												
IMUS,INC RO CENT	ER DRIVE			CFO													
	Address of Rovid N IMUS,INC VA 20190- urity 2. Conversion or Exercise Price of Derivative Security (1) ing Owner Nam vid N IMUS,INC RO CENT.	Address of Reporting Person vid N (First) IMUS,INC., 1891 MET (Street) VA 20190-5207 (State) urity 2. Conversion or Exercise Price of Derivative Security (Month/Day/Y) (1) 08/31/201 ing Owners Owner Name / Address	Address of Reporting Person vid N (First) (M IMUS,INC., 1891 METRO CE (Street) VA 20190-5207 (State) (2. Tr. Date (Mor.) Poort on a separate line for each class of the control of t	Address of Reporting Person*- vid N (First) (Middle) IMUS,INC., 1891 METRO CENTER (Street) VA 20190-5207 (State) (Zip) urity 2. Transaction Date (Month/Day/Year) Poort on a separate line for each class of securities be expected by the composition of Exercise Price of Derivative Security (Month/Day/Year) (I) 08/31/2012 Relations Owner Name / Address Owner Name / Address Pice of Derivative Security (I) 08/31/2012	Address of Reporting Person* vid N (First) (Middle) (Middle) (Street) (Street) (VA 20190-5207 (State) (Zip) (Witter) (A. If Amen Date (Month/Day/Year) (Month/Day/Year) 2. Transaction Date (Month/Day/Year) (Month/Day/Year) 2. Table II - Derivative (e.g., puts any (Month/Day/Year) 2. Table II - Derivative (e.g., puts any (Month/Day/Year) 2. Table II - Derivative (e.g., puts any (Month/Day/Year) 2. Transaction Date (Month/Day/Year) 2. Transaction Date (Month/Day/Year) 2. Transaction Date (Execution Date in any (Month/Day/Year) 3. Transaction (Execution Date in any (Month/Day/Year) 4. Transac Code (Instr. 8) Code (II) 08/31/2012 A ing Owner Name / Address Director Owner Owner Officer Vid N IMUS,INC. RO CENTER DRIVE	Address of Reporting Person vid N IMUS,INC., 1891 METRO CENTER (Street) VA 20190-5207 (State) 2. Issuer Name MAXIMUS I 08/31/2012 (Street) 4. If Amendment (Month/Day/Year) (Month/Day/Year) 2. Transaction Date (Month/Day/Year) (Month/Day/Year) 2. Transaction Date (Month/Day/Year) (Month/Day/Year) 2. Transaction Date (Month/Day/Year) (Month/Day/Year) 2. Table II - Derivative Sec (e.g., puts, calls any (Month/Day/Year) (Month/Day/Year) 2. Transaction Date (Month/Day/Year) (Month/Day/Year) 3. Transaction Date (e.g., puts, calls any (Month/Day/Year) (Month/Day/Year) (Instr. 8) Code (Instr. 8) Code (Instr. 8) Code V (I) 08/31/2012 A I Image Owners Owner Name / Address Owner Date (Month/Day/Year) Director Owner Officer Other (CFO)	Address of Reporting Person *	Address of Reporting Person vid N Code Code	Address of Reporting Person* vid N (First) (Middle) (MIMUS,INC., 1891 METRO CENTER (Street) 4. If Amendment, Date Original Filed (Street) 4. If Amendment, Date Original Filed (Street) 4. If Amendment, Date Original Filed (Nonth/Day/Year) 2. Transaction Date (Month/Day/Year) 2. Transaction Date (Month/Day/Year) 2. Transaction Date (Month/Day/Year) 3. Transaction Conversion of Exercise (Month/Day/Year) 3. Transaction Date (Month/Day/Year) 3. Transaction Conversion of Exercise (Month/Day/Year) (Month/Day/Year) 3. Transaction Date (Month/Day/Year) 4. If Amendment, Date Original Filed Execution Date, if any (Month/Day/Year) 4. If Amendment, Date Original Filed Execution Date, if any (Month/Day/Year) 5. Number of any (Month/Day/Year) 6. Date Execution Date, if any (Month/Day/Year) 6. Date Execution Date of Execution Date, if any (Month/Da	Address of Reporting Person vid N Code V Amount	Address of Reporting Person vid N MAXIMUS INC [MMS] MUS,INC., 1891 METRO CENTER (First) (Middle) (MUS,INC., 1891 METRO CENTER (Street) 4. If Amendment, Date Original Filed(Month/Day/Year) (Month/Day/Year) (Instr. 3, 4 and 5) Persons who response to (A) or Disposed of (Instr. 8) (A) or Original Filed(Month/Day/Year) (Month/Day/Year) (Month/Day/Year) Persons who response the for each class of securities beneficially owned directly or indirectly or indirectly or indirectly or factories (e.g., puts, calls, warrants, options, convertible security 2. Code Table II - Derivative Securities Acq (As) or Disposed of (Instr. 8) Persons who response this form are not racurrently valid OMI Table II - Derivative Securities Acquired, Disposed of (Instr. 8) Persons who response this form are not racurrently valid OMI Table II - Derivative Securities Acquired, Object of (Instr. 8) Persons who response this form are not racurrently valid OMI Table II - Derivative Securities Acquired, Object of (Instr. 8) Persons who response the form are not racurrently valid OMI Table II - Derivative Securities Acquired, Object of (Instr. 8) Persons who response the form are not racurrently valid OMI Table II - Derivative Securities Acquired, Object of (Instr. 8) Persons who response the form are not racurrently valid OMI Table II - Derivative Securities Acquired, Object of (Instr. 8) Persons who response the form are not racurrently valid OMI Table II - Derivative Securities Acquired, Object of (Instr. 8) Persons who response the form are not racurrently valid OMI Table II - Derivative Securities Acquired, Object of (Instr. 8) Persons who response the form are not racurrently valid OMI Table II - Derivative Securities Acquired, Object of (Instr. 8) Persons who response to the form are not racurrently valid OMI Table II - O	Address of Reporting Person ** vid N	Address of Reporting Person 2 vid N (Pissa) (Maddle) (Mutty,INC., 1891 METRO CENTER (Street) VA 20190-5207 (State) (State) (State) (State) (State) (State) (State) (Anth/Day/Year) (State) (Anth/Day/Year) (Month/Day/Year) (Month/Day/	Address of Reporting Person.* 2. Issuer Name and Ticker or Trading Symbol MAXIMUS INC [MMS] 5. Relationship of Reporting Check Director (Check Director (Check OR/31/2012 4. If Amendment, Date Original Filed-Month/Day/Year) (State) 4. If Amendment, Date Original Filed-Month/Day/Year) (State) 4. If Amendment, Date Original Filed-Month/Day/Year) (State) 2. Transaction Date (Month/Day/Year) (Month/Day/Year) 2. Transaction Date (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) 2. Transaction Date (Code (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) 2. Transaction Date (Code (Month/Day/Year) (Month/	Address of Reporting Person 2 vid N 2. Issuer Name and Ticker or Trading Symbol MAXIMUS INC [MMS] (First) (MASIMUS INC [MMS]) (MUS,INC., 1891 METRO CENTER (Steet) VA 20190-5207 (Steet) 4. If Amendment, Date Original FiledMenth/Day/Year) (Steet) VA 20190-5207 Table I - Non-Derivative Securities Acquired, Date (Inst. 3, 4 and 5) (Month/Day/Year) (Month/Day/Year) Date (Scent) (Month/Day/Year) Date (Scent) (Month/Day/Year) Date (Scent) (Month/Day/Year) Date (Scent) Date (Month/Day/Year) Date (Scent) Date (Month/Day/Year) Date (Scent) (Month/Day/Year) Date (Scent) Date (Scent)	Address of Reporting Persons 2 vid N 2. Issuer Name and Ticker or Trading Symbol MAXIMUS INC [MMS] 3. Date of Farliest Transaction (Month/Day/Year) 0.8/31/2012 4. If Amendment, Date Original Filedshoute/Day/Year) (Sum) (

Signatures

David R. Francis: As Attorney-In-Fact for: David N Walker	09/05/2012
**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).
- Dividend equivalent rights accrued on previously-awarded restricted stock units ("RSUs") which vest proportionately with the RSUs to which they relate. Each dividend equivalent right is the economic equivalent of one share of MAXIMUS common 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.