FORM 4

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

OMB APPROVAL

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).

(Print or Type Responses)

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

| | nd Address of RAYMO | | 2. Issu MAXI | | | nd Ticke C [MN | | Γradi | ng Syı | mbol | | | ationship Director | | g Person(s) to all applicab | | | | | | | | | | |
|----------------------------|-----------------------------------------------------------------|--------------------------|--------------------------------------------|------------------------------|-------|-------------------|---------------------------------------------|--------------|------------------------|---------------------|------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|----------------------------------------|-------------|-------------------------------------------------------------------------------------------|-----------------------------------------|-------------------------------------------------------------------------------------|------------------------------------------------------|--|--|--|--|--|
| C/O MA DRIVE | | (First) IC, 1891 METR | (Middle) O CENTER | 3. Date 11/29/ | | | Transac | tion (| Mont | th/Day | /Year | r) | (| Officer (give | title below) | Otl | her (sp | ecify below) | | | | | | | |
| RESTON | J, VA 2019 | (Street) | | 4. If An | nend | ment, l | Oate Ori | iginal | Filed | d(Month | n/Day/Y | (ear) | 6. Individual or Joint/Group Filing(Check Applicable Line) X_ Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | | | | | | | |
| (Cit | y) | (State) | (Zip) | | | | Table | I - N | on-D | Deriva | tive S | ecuritie | uired, Disposed of, or Beneficially Owned | | | | | | | | | | | | |
| 1.Title of S (Instr. 3) | Security | | 2. Transaction Date (Month/Day/Year) | | tion | Date, it | (Instr. | | ion | (A) c | or Dis | es Acqu posed of and 5) | | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) | | | | | nership of n: Be | eneficial | | | | | |
| | | | | (Month/Day/Year | | | Co | de | v | Amo | | (A) or (D) | Price | (Instr | . 3 and 4) | | | or In | ect (D) Orndirect (Intr. 4) | wnership nstr. 4) | | | | | |
| Common | Stock | | 11/29/2012 | | | | N | 1 | | 20,0 | 000 | A \$ | § 14.29 | 18,4 | 49 | | | D | | | | | | | |
| Common | Stock | 11/29/2012 | | | | N | 1 | | 3,33 | 38 | A \(\begin{array}{c} \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | § 14.29 | 187, | 828 | | | D | | | | | | | | |
| Common | Stock | | 11/29/2012 | | | | N | 1 | | 312 | 1 | A \(\begin{array}{c} \text{S} & \\ \ext{1} & \\ \ext{1} & \\ \ext{2} & \\ \ext{2} & \\ \ext{3} & \\ \ext{4} & \\ \ext{2} & \\ \ext{4} & \\ \ext{5} & \\ \ext{4} & \\ \ext{5} & \\ \ext{4} & \\ \ext{5} & \\ \ext{4} & \\ \e | § 14.495 | 188, | 140 | | | D | | | | | | | |
| Reminder: | Report on a s | separate line for each | n class of securities b | - Deriva | ıtive | Secur | ities Ac | quire | Pers in th a cui | ons vois for rrentl | m ardy val | e not re lid OME or Bene | equired 3 contro ficially | l to re ol nui | spond ι mber. | | on contair form displ | | SEC 14 | 74 (9-02) | | | | | |
| 1. Title of | 2. | 3. Transaction | 3A. Deemed | (e.g., p | uts, | 5. Nu | | | | xercis | | l <mark>e securi</mark> and | | e and | Amount | 8. Price of | 9. Number | of : | 10. | 11. Nature | | | | | |
| | Conversion or Exercise Price of Derivative Security | | | Transac Code (Instr. 8 | | Secur Acqui | ities ired (A) sposed) . 3, 4, | Expi (Mo | ratio | | e | | of Uno Securi (Instr. | derlyir ities | ng | | Derivative Securities Beneficially Owned Following Reported Transaction | y 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | Ownership Form of Derivative Security: Direct (D) or Indirect (I) | of Indirect Beneficial Ownership (Instr. 4) | | | | | |
| | | | | Code | V | (A) | (D) | Date Exer | : cisat | | Expir Date | ration | Title | | Amount or Number of Shares | | (Instr. 4) | | (Instr. 4) | | | | | | |
| Stock Options | \$ 14.29 | 11/29/2012 | | M | | 2 | 20,000 | 08/2 | 20/2 | 2004 | 08/2 | 0/2014 | Com | | 20,000 | \$ 0 | 0 | | D | | | | | | |

Common

Stock

Common

Stock

3,338

312

\$0

\$0

0

0

D

D

Reporting Owners

\$ 14.29

\$ 14.495

Stock

Stock

Options

Options

| | | Relationsl | nips | |
|-----------------------------------------------------------------------------------|----------|--------------|---------|-------|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other |
| RUDDY RAYMOND B C/O MAXIMUS INC 1891 METRO CENTER DRIVE RESTON, VA 20190 | X | | | |

11/29/2012

11/29/2012

M

M

3,338

312

08/20/2004 08/20/2014

09/14/2004 09/14/2014

Signatures

| David R. Francis: As Attoney-In-Fact for: Raymond B. Ruddy | 11/30/2012 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|------------------------------------------------------------|------------|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 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).

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.