## FORM 4

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

OMB APPROVAL						
OMB Number:	3235-0287					
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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 Type	e Responses)																
Name and Address of Reporting Person * RUDDY RAYMOND B				2. Issuer Name and Ticker or Trading Symbol MAXIMUS INC [MMS]							mbol		5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owner				
(Last) (First) (Middle) C/O MAXIMUS INC, 1891 METRO CENTER DRIVE				3. Date of Earliest Transaction (Month/Day/Year) 12/11/2012							y/Year)	-	Officer (g	ive title below)	Ot	ner (specify below	7)
(Street) RESTON, VA 20190				4. If Amendment, Date Original Filed(Month/Day/Year)							th/Day/Year)		6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting PersonForm filed by More than One Reporting Person				
(City) (State) (Zip)				Table I - Non-Derivative Securities Acqui							ve Securiti	ies Acquire	ired, Disposed of, or Beneficially Owned				
1.Title of Sec (Instr. 3)	curity	I	2. Transaction Date Month/Day/Year)	Exect	Deemed ution I	Date,	if C	Transfode Instr. 8		(A) c	curities Acor Disposed r. 3, 4 and 5	Or (In	Owned Following Reported Transaction(s) (Instr. 3 and 4)			Ownership of B	eneficial wnership
	7 3.1 & 60			Deriv	rative S	Secui	rities	Acqu	Perso conta form	ons vained disp	l in this fo lays a cui d of, or Be	orm are no rrently val	ot required id OMB c	n of inform d to respor ontrol num	nd unless tl		174 (9-02)
1. Title of Derivative Security (Instr. 3)	or Exercise (Month/Day/Year) any			(ear) (Instr. 8) 5. Derivat Securit Acquire (A) or Dispose of (D) (Instr. 3) 4, and 3			vative rities uired or osed O) r. 3,	and Expiration Date (Month/Day/Year) of Und Securit (Instr.			1	le and Amount derlying Derivative Security 3 and 4)		Securities Beneficially Owned Following Reported	Ownership Form of Derivative Security: Direct (D) or Indirect	Beneficial Ownershi (Instr. 4)	
				(	Code	V	(A)	(D)	Date Exercise	able	Expiration Date	Title	Amount or Number of Shares				
Restricted Stock Unit (1)	\$ 63.09	12/11/2012			A		79		(2)	)	(2)	Common	n 79	\$ 0	79 (3)	D	
Restricted Stock Unit (1)	\$ 64.32	12/12/2012			A		39		<u>(4)</u>	)	<u>(4)</u>	Commo	n 39	\$ 0	39 (5)	D	

### **Reporting Owners**

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

### **Signatures**

David R. Francis: As Attoney-In-Fact for: Raymond B. Ruddy	12/12/2012
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).
- (1) Each Restricted Stock Unit represents a contingent right to receive one share 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 individual, as permitted by the terms of the award: Shares Vest Date 0 12/11/2013 0 12/11/2014 79 12/11/2015 Expiration date not applicable to RSUs
- (3) Reporting person also holds restricted stock units with respect to an additional 73,293.185 shares of common stock with varying vesting schedules.
- (4) Restricted Stock Units vest based upon the following schedule, subject to deferred vesting for a longer period at the election of individual, as permitted by the terms of the award: Shares Vest Date 0 12/12/2013 0 12/12/2014 39 12/12/2014 Expiration date not applicable to RSUs
- (5) Reporting person also holds restricted stock units with respect to an additional 73,372.185 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.