FORM 4

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

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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

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							
(Last) (First) (Middle) C/O MAXIMUS,INC. ATTN: TREASURY DEPT., 1891 METRO CENTER DRIVE			ASURY 1	3. Date of Earliest Transaction (Month/Day/Year) 10/27/2014					_	Officer (g	ive title below)	O	her (specify belo	w)			
(Street)				4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group FilingCheck Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person							
	, VA 2019																
(City))	(State)	(Zip)	Table I - Non-Derivative Securities Acqu						ies Acquir	ed, Dispose	ed of, or Bei	neficially Ov	ned			
(Instr. 3) Date		Date Month/Day/Year)		n Date, if	(Instr. 8		(A) or Disposed		d of (D) Owned Follo 5) Transaction(Ownership o	'. Nature of Indirect Beneficial			
				(Month/Da	ıy/Yea	r)	Code	VA	mount (A)	or	str. 3 and 4)		(Instr. 3 and 4)			(/	Ownership Instr. 4)
Reminder: R	teport on a se	sparate line for each		oenerician.	iy own	cu u	nectry	Person contain	s who resp	orm are no	ot require	d to respo	nd unless t		474 (9-02)		
Reminder: R	Report on a se	parate into for each		Concinent	ly Own	cu u	nectry	Person contain	s who resp ed in this f	orm are no	ot require	d to respo	nd unless t		474 (9-02)		
1. Title of Derivative Security (Instr. 3)	2. Conversion	3. Transaction	Table II - D	Derivative 2.g., puts, 6 4. Transac Code	Secur calls, v	ities varr Jumb	Acqui ants, o	Person contain form di	s who resp ed in this f splays a cu sed of, or B nvertible sec ercisable tion Date	orm are no irrently va eneficially (ot require lid OMB o Owned d Amount ying	d to respo control nur 8. Price of	nd unless t	of 10. Ownershir Form of Derivativ Security: Direct (D or Indirect)	p of Indirec Beneficia Ownershi (Instr. 4)		
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction	Table II - D	Derivative 2.g., puts, 6 4. Transac Code	Securicalls, v	ities 	Acquiants, oper rative rities ired rosed) . 3,	Person contain form di	s who resp ed in this f splays a cu sed of, or B nvertible sec ercisable tion Date	eneficially (curities) 7. Title and of Underly Securities	ot require lid OMB o Owned d Amount ying	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction	of 10. Ownershi Form of Derivativ Security: Direct (D or Indirect (S) (I)	p of Indirec Beneficia Ownershi (Instr. 4)		
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Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
THOMPSON JAMES R C/O MAXIMUS,INC. ATTN: TREASURY DEPT. 1891 METRO CENTER DRIVE RESTON, VA 20190	X					

Signatures

David R. Francis: As Attorney-In-Fact for: James R Thompson	10/28/2014
**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 10/27/2015 0 10/27/2016 57 10/27/2017 Expiration date not applicable to RSUs
- (3) Reporting person also holds restricted stock units with respect to an additional 129,283 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.