FORM 4

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

| OMB APPROVAL | | | | | | |
|--------------------------|-----------|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | |
| Estimated average burden | | | | | | |
| nours per response | e 0.5 | | | | | |

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 * POND PETER | | | 2. Issuer Name and Ticker or Trading Symbol MAXIMUS INC [MMS] | | | | | | 5 | 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 | | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/10/2014 | | | | | | - | Officer (give title below) Other (specify below) | | | | | |
| (Street) | | | | 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 | | | | |
| RESTON, VA 20190 (City) (State) (Zip) | | | | Table I - Non-Derivative Securities Acqu | | | | | | | ies Acquir | ired, Disposed of, or Beneficially Owned | | | | |
| (Instr. 3) | | Date (Month/Day/Year) a | 2A. Deemed Execution D | Date | e, if (| 3. Tran | saction 4 | | | cquired d of (D) Owned Follo Transaction(| | f Securities Beneficially owing Reported s) | | 6. 7. Ownership Form: B | eneficial | |
| | | | | (Month/Da | ay/Ye | ear) | Cod | e V | Amount | (A) o (D) | or | (Instr. 3 and 4) | | | Direct (D) Or Indirect (I) (Instr. 4) | wnership nstr. 4) |
| | | | | | | | | iired, Disp | oosed of, | or Be | eneficially | | ontrol nur | nber. | | |
| 1. Title of Derivative Security (Instr. 3) | Conversion Date Execution Date, if Transaction Number and Expiration Date of Unor Exercise (Month/Day/Year) any Code of Unor Exercise Ode Ode | | eneficially urities) | Owned and Amount ying | 8. Price of | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s | Ownership Form of Derivative Security: Direct (D) or Indirect | Beneficial Ownership (Instr. 4) | | | | | | | | |
| | | | | | | of (D) (Instr. 3, 4, and 5) | | | | | Amount | | (Instr. 4) | (Instr. 4) | | |
| | | | | Code | v | (A) | (D) | Date Exercisab | Expir Date | | Title | or Number of Shares | | | | |
| Common Stock (1) | \$ 49.19 | 11/10/2014 | | A | | 51 | | (2) | (| (2) | Commo Stock | 1 7 1 | \$ 0 | 51 (3) | D | |

Reporting Owners

| | Relationships | | | | | |
|--|---------------|--------------|---------|-------|--|--|
| Reporting Owner Name / Address | | 10% Owner | Officer | Other | | |
| POND PETER C/O MAXIMUS,INC. ATTN: TREASURY DEPT. 1891 METRO CENTER DRIVE RESTON, VA 20190 | X | | | | | |

Signatures

| David R. Francis: As Attorney-In-Fact for: Peter Pond | 11/12/2014 |
|---|------------|
| 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 11/10/2015 0 11/10/2016 51 11/10/2017 Expiration date not applicable to RSUs
- (3) Reporting person also holds restricted stock units with respect to an additional 227,672 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.