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).

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 Ty	pe Response	s)																		
1. Name and Address of Reporting Person* LEDERER PAUL R					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) 02/19/2015							-	Office	r (give title belo	ow)	Other	(specify belo	ow)		
(Street) RESTON, VA 20190				4. If	4. If Amendment, Date Original Filed(Month/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 Acquired, Disposed of, or Beneficially Own								Own	ied						
(Instr. 3)			2. Transaction Date (Month/Day/Year)		any	tion Date, if		(Instr. 8)		tion 4. Securities Acquired (A or Disposed of (D) (Instr. 3, 4 and 5)		d (A)	Beneficially Owned Following Reported Transaction(s)			Ownership Form:		Beneficial		
					(Mont	h/Day/Ye	ear)	Cod	le	V	Amount	(A) or (D)	Pri	ice	(Instr. 3	3 and 4)		or II	\ /	wnership nstr. 4)
Common	Stock (1)		02/19	0/2015				S			3,060	D	\$ 59.0	828	74,012	.98		D		
				Table II -					quire	cor the	ntained i form dis Disposed	n this splays of, or l	form s a cu Benefi	are irren	not requ tly valid	OMB con	spond unle trol numbe			74 (9-02)
Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transacti Date (Month/Day		3A. Deemed Execution D any (Month/Day	ate, if	4. Transaction Code		5.		6. Date Exercisable and Expiration Dat (Month/Day/Year)		cisable on Date	sable 7. Titl Date Amou Under Secur		rlying		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4)	Beneficia Ownershi (Instr. 4)
						Code	V	(A)	(D)	Da Ex	ate ercisable	Expira Date	ation	Title	Amount or Number of Shares					
Repor	ting O	wners																		

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
LEDERER PAUL 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: Paul R Lederer	02/19/2015		
**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) These grants had previously been reported on Table II.

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.