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

OMB APPR	ROVAL
OMB Number:	3235-0287
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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

	e Responses														
1. Name and Address of Reporting Person * POND PETER			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			EASURY	3. Date of Earliest Transaction (Month/Day/Year) 06/17/2015						-	Officer (g	give title below	Oth	er (specify below)
(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						
(City)	, VA 2019	(State)	(Zip)								equired, Disposed of, or Beneficially Owned				
` .															
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/		Date (Month/Day/Year)	2A. Deemed 3. Tran Execution Date, if any (Month/Day/Year)		(A) or Disposed of (D)		d of (D) Ov 5) Tr			rted (Ownership of Borm:	eneficial wnership			
							Code	e V An	nount (A) o				(I) Instr. 4)	
Reminder: R	Report on a se	enarate line for eac	h class of securities	beneficial	ly ox	vned d	lirectl	v or indirectl	v						
										ond to the			nation and unless th		74 (9-02)
			Table II - I	Derivative	Seci	urities	Acqu		plays a cu	rrently val	id OMB c				
1 7741	la .	I	(e.g., puts,		, warı		form dis	plays a cu sed of, or Be evertible sec	eneficially Courities)	id OMB o	ontrol nu	mber.		11 11 11
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	*****	3A. Deemed Execution Date,	4. Transac Code	calls ction	5. Num of	ber vative rities aired or osed 0)	form dis nired, Dispos options, con 6. Date Exe and Expirat (Month/Day	sed of, or Bo evertible sec reisable ion Date	rrently val	Owned Amount ing	8. Price of		Ownership Form of Derivative Security: Direct (D) or Indirect	Beneficia
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	Relationships					
Reporting Owner Name / Address	Director	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	06/19/2015
-*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) 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 of the election of the individual, as permitted by the terms of the award: Shares Vest Date 0 06/17/2016 0 06/17/2017 78 06/17/2018 Expiration date not applicable to RSUs
- (3) Reporting person also holds restricted stock units with respect to an additional 235,178.39 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 of the election of the individual, as permitted by the terms of the award: Shares Vest Date 0 06/18/2016 0 06/18/2017 39 06/18/2018 Expiration date not applicable to RSUs
- (5) Reporting person also holds restricted stock units with respect to an additional 235,256.39 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.