FORM 4

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

OMB APPROVAL
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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

1. Name and Address of Reporting Person* WEBB WELLINGTON E			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				3. Date of Earliest Transaction (Month/Day/Year) 12/04/2015					Office	r (give title belo	ow)	Other (specify be	elow)		
(Street) RESTON, VA 20190			4. If Amenda	4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City) (State) (Zip)				Table I - Non-Derivative Securities Acqu						lired, Disposed of, or Beneficially Owned					
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)	-	e, if	if Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D (Instr. 3, 4 and 5)		of (D)	Beneficially Owned Follo Reported Transaction(s)		Following	Ownership Form:	Beneficial
				(Month/Day/Y	ear)	Code	v	Amount	(A) or (D)	Price		or II (I)		or Indirect	Ownership (Instr. 4)
Commor	Stock		12/04/2015			A		85	A	\$ 58.41	560			D	
Reminder:	Report on a s	separate line f	or each class of secu	urities beneficia	lly ov	vned dire	Per	rsons wh	no resp		the collec				474 (9-02)
Reminder:	Report on a s	separate line f		Derivative Sec	curiti	es Acqui	Per cor the	rsons whatained in form dis	no responding this is splays	form a a curr Senefici	re not requently valid	ired to res	ormation spond unle rol numbe	ss	474 (9-02)
1. Title of	·	3. Transactio	Table II - on 3A. Deemed Execution D /Year) any	Derivative See (e.g., puts, call	curiti ls, wa tion	es Acqui arrants, o	Per cor the red, I ption (M	rsons whatained in form dis	no responding the second part of	Genefici curities 7. Ar Ur Se	re not requently valid	OMB conf	spond unle	of 10. Ownersh Form of Derivativ Security: Direct (D or Indirec	11. Naturip of Indire Beneficia Ownersh (Instr. 4)

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

Signatures

David R. Francis: As Attorney-In-Fact for: Wellington E Webb	12/07/2015
**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).

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.