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

| | pe Kesponse | | | 1 | | | | | | | | | | | | | |
|--|---|--|---|--|---|-------|--------|------------------------|-----------------|---------------------------------|-------------------------------------|---|---|---|---|--|---|
| 1. Name and Address of Reporting Person* BELIVEAU RUSSELL A | | | | 2. Issuer Name and Ticker or Trading Symbol MAXIMUS INC [MMS] | | | | | | | mbol | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | |
| (Last) (First) (Middle) MAXIMUS, INC. ATTN: TREASURY OPERATIONS, 1891 METRO CENTER DRIVE | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/16/2016 | | | | | | | Office | r (give title beld | ow) | Other (specify) | pelow) | |
| (Street) RESTON, VA 20190-5207 | | | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | | | /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) | | | Ta | able I | - Non | -Deri | vative S | Securities | Acqui | ired, Disp | osed of, or l | Beneficially | Owned | |
| 1.Title of S (Instr. 3) | ecurity | | 2. Transaction Date (Month/Day/Year | Exection Execution Executi | Deemed ution Da nth/Day/ | ĺ | (Ins | ransac le tr. 8) | | (A) or I | Disposed 6 3, 4 and 5) (A) or | of (D) | Beneficia | t of Securiti lly Owned F Transaction nd 4) | ollowing | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| Common | Common Stock (1) 12/16/2016 | | | | | | G | | 50 | D | \$ 0 | 43,329 | | | D | | |
| | | | | | | | | quire | conta the fo | ained ir orm dis sposed o | n this for splays a | m are curre eficial | not requ | | ormation spond unle trol numbe | ss | 1474 (9-02) |
| Security | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Yea | on 3A. Deemed Execution Day any | 4. Transaction Code Year) (Instr. 8) | | tion) | 5. | | | | 7. Ta | itle and ount of lerlying urities tr. 3 and | 8. Price of Derivative Security (Instr. 5) | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | Owners Form of Derivat Security Direct (or Indir | Beneficia Ownersh (Instr. 4) | |
| | | | | | Code | V | (A) | | Date Exerc | | Expiration Date | n Title | Amount or Number of Shares | | | | |

Reporting Owners

| | Relationships | | | | | | |
|---|---------------|--------------|---------|-------|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | |
| BELIVEAU RUSSELL A MAXIMUS, INC. ATTN: TREASURY OPERATIONS 1891 METRO CENTER DRIVE RESTON, VA 20190-5207 | X | | | | | | |

Signatures

| David R. Francis: As Attorney-In-Fact for: Russell A Beliveau | 12/19/2016 |
|---|------------|
| **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) The reporting person made a gift of these shares to an IRC 501(c) (3) Charitable organization.

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.