## FORM 4

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

| OMB APPR           | OVAL      |
|--------------------|-----------|
| 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

|  | e Responses   |                       |   |   |  |  |  |  |  |  |  |                                 |   |   |  |
|--|---|-----------------------|---|---|--|--|--|--|--|--|--|---------------------------------|---|---|--|
| 1. Name and Address of Reporting Person* Altman Anne K.  (Last) (First) (Middle) C/O MAXIMUS INC. ATTN: TREASURY DEPT, 1891 METRO CENTER DRIVE |   |                       | 2. Issuer Name and Ticker or Trading Symbol MAXIMUS INC [MMS] |   |  |  |  |  | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  _X_ Director  |  |  |                                 |   |   |  |
|  |   |                       | ASURY   | 3. Date of Earliest Transaction (Month/Day/Year) 03/14/2017 |  |  |  |  |  | Officer (giv   | ve title below)                                  | Oth                             | er (specify belo  | v)  |  |
| (Street) RESTON, VA 20190  |   |                       |   | 4. If Amendment, Date Original Filed(Month/Day/Year)        |  |  |  |  | _X_  | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person _Form filed by More than One Reporting Person |  |                                 |   | e)  |  |
| (City)   |   | (State)               | (Zip)   | Table I - Non-Derivative Securities Acq                     |  |  |  | es Acquirec  | uired, Disposed of, or Beneficially Owned  |  |  |                                 |   |   |  |
| 1.Title of Se<br>(Instr. 3)  | curity  |                       | 2. Transaction<br>Date<br>(Month/Day/Year)                    | 2A. Deen<br>Execution<br>any<br>(Month/I                    | n Date,  | if Co  |  | (A)<br>(Ins  | decurities Acq<br>or Disposed<br>str. 3, 4 and 5                                       | of (D) Ow<br>Tra   |  |                                 | ed  | Ownership<br>Form:  | Beneficial<br>Ownership                                      |
| Reminder: R  | eport on a se   | eparate line for each | class of securities   | benefician  | ly OWII  | za dire  | erry o   | Persons  | who respor   |  |  |                                 | ation<br>d unless the   |   | 474 (9-02)   |
| Reminder: R  | eport on a se   | eparate line for each | Table II -  | Derivativ   | e Secu   | rities   | Acqui  | Persons<br>containe<br>form disp   | d in this for<br>plays a curr<br>ed of, or Ben   | m are not<br>ently valid<br>eficially O  | required<br>d OMB co                             | to respon                       | d unless the  |   | 474 (9-02)   |
|  | 2.<br>Conversion  | 3. Transaction Date   | Table II -  | Derivativ. (e.g., puts.) 4. Transac Code                    | e Secu<br>, calls,<br>5<br>tion o<br>D<br>S<br>A<br>(A | rities .<br>warra  | Acquiants, ober (Five esed   | Persons<br>containe<br>form disp   | d in this for<br>blays a curr<br>ed of, or Ben<br>vertible secur<br>cisable and<br>ate | m are not<br>ently valid<br>eficially O  | required<br>d OMB co<br>wned<br>d Amount<br>ying | to respond<br>ntrol numl        | d unless the  | f 10.<br>Ownersh<br>Form of<br>Derivativ<br>Security:<br>Direct (I<br>or Indire | 11. Naturity of Indire Beneficity Ownersh (Instr. 4)         |
| 1. Title of<br>Derivative<br>Security  | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative | 3. Transaction Date   | Table II -  3A. Deemed Execution Date, is                     | Derivativ. (e.g., puts.) 4. Transac Code                    | e Seculs, calls, 5 5 tion o E                          | Numrifies Numrifier Numrif | Acquirents, of the state of the | Persons containe form disportants, Disposoptions, contained, Disposoptions, contained and the Expiration D | d in this for<br>blays a curr<br>ed of, or Ben<br>vertible secur<br>cisable and<br>ate | eficially Overities) 7. Title and of Underly Securities  | required<br>d OMB co<br>wned<br>d Amount<br>ying | 8. Price of Derivative Security | 9. Number of Derivative Securities Beneficially Owned Following Reported Transactions | f 10.<br>Ownersh<br>Form of<br>Derivativ<br>Security:<br>Direct (I<br>or Indire | 11. Natu<br>of Indire<br>Benefici<br>e Ownersh<br>(Instr. 4) |

### **Reporting Owners**

|   | Relationships |              |         |       |  |
|---|---------------|--------------|---------|-------|--|
| Reporting Owner Name / Address  | Director      | 10%<br>Owner | Officer | Other |  |
| Altman Anne K.<br>C/O MAXIMUS INC. ATTN: TREASURY DEPT<br>1891 METRO CENTER DRIVE<br>RESTON, VA 20190 | X             |              |         |       |  |

## **Signatures**

| David R. Francis: As Attorney-In-Fact for: Anne K. Altman | 03/15/2017 |
|---|------------|
| **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) Expiration date not applicable to RSUs.

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.