FORM 4

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

OMB APPRO	OVAL
OMB Number:	3235-0287
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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

(Print or Type	Responses)															
Name and Address of Reporting Person* Caswell Bruce				2. Issuer Name and Ticker or Trading Symbol MAXIMUS INC [MMS]							5. 1	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) 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) 05/31/2017								X Officer (give title below) Other (specify below) President				
RESTON, '	(Street) RESTON, VA 20190-5207				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 Owned																
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yea			2A. Deemed Execution Date, any (Month/Day/Ye		(Instr. 8)		(A	4. Securities Acc (A) or Disposed (Instr. 3, 4 and 5		of (D) Ow Tra	5. Amount of Securities B Owned Following Reporte Transaction(s) (Instr. 3 and 4)		ed	6. Ownership Form: Direct (D) or Indirect	Beneficial Ownership	
							Code	V A	mount	(A) or (D)	Price				(I) (Instr. 4)	
	contained in this form are not required to respond unless the form displays a currently valid OMB control number. Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)															
Derivative Security (Instr. 3)	f 2. 3. Transaction 3A. Deemed 4. 5. Number of and Exercisable and Expiration Date or Exercise (Month/Day/Year) any 5. One of and Expiration Date of Derivative (Month/Day/Year) 5. Number of and Expiration Date of Derivative (Month/Day/Year) 5. Number of and Expiration Date of Derivative (Month/Day/Year) 5. Number of an Exercisable and Expiration Date of Derivative (Month/Day/Year) 5. Number of Date of Derivative of Derivative (Month/Day/Year) 5. Number of Date of Derivative of Date of Derivative (Month/Day/Year) 5. Number of Date of Dat		7. Title and of Underly Securities (Instr. 3 and	ring		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owners Form of Derivati Security Direct (or Indire	Ownershi (Instr. 4) (D)								
				Code	e V	(A)	(D)	Date Exercisab		piration te	Title	Amount or Number of Shares				
Dividend Equivalent Rights	<u>(1)</u>	05/31/2017		A		75.51		(1)		(1)	Common Stock	75.51	\$ 0	104,242.1	6 D	

Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Caswell Bruce C/O MAXIMUS INC. ATTN: TREASURY DEPT 1891 METRO CENTER DRIVE RESTON, VA 20190-5207			President			

Signatures

David R. Francis: As Attorney-In-Fact for: Bruce Caswell	06/02/2017
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).

Dividend equivalent rights accrued on previously-awarded restricted stock units ("RSU") which vest proportionately with the RSUs to which they relate. Each dividend equivalent right (1) is the economic equivalent of one share of MAXIMUS common stock.

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.