longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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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

				Relationships												
Reporti	ing Ow	ners														
Dividend Equivalent Rights	<u>(1)</u>	05/31/2018		A		105.263	3	(<u>(1)</u>	(1)	Commo	1105 263	\$ 0	142,562.95	D	
				Code	V	(A)	(D)		isable	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)	(Instr. 4)	
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if	4. f Transaction Code		5. Number of		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		Derivative Security (Instr. 5)	Securities Beneficially Owned Following Reported Transaction(s)	10. Ownership Form of Derivative Security: Direct (D) or Indirect (I)	Beneficial	
Reminder: Re	eport on a sep	arate line for each c		- Derivativ	e Se	curities A	cquir	Perso in thi a cur	ons w s forr rently		required f B contro eficially O	to respond I number.		on contained form display		74 (9-02)
				(Month/Day/Y			Code	V	Amo	(A) or (D)		(nstr. 3 and 4)			irect (D) Ov Indirect (Ir) nstr. 4)	wnership nstr. 4)
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Da		ae, if Code (Instr. 8)		ection	(A) o	. Securities Acquired A) or Disposed of (D) Instr. 3, 4 and 5)		. Amount of Solvened Following ransaction(s)		. o	wnership of	. Nature f Indirect Beneficial
(City) (State) (Zip)			Table I - Non-Derivative Securities Acqui							es Acquir	ired, Disposed of, or Beneficially Owned					
RESTON,	VA 20190	(Street)		4. If Amen	dme	nt, Date C	Prigina	al Filed	(Month/	Day/Year)		X_ Form filed by	One Reporting I	Filing(Check Aperson Reporting Person	oplicable Line)	
(Last) (First) (Middle) C/O MAXIMUS,INC. ATTN: TREASURY DEPT, 1891 METRO CENTER DR			~~~~	3. Date of Earliest Transaction (Month/Day/Year) 05/31/2018							-	Officer (give	title below)	Other	(specify below)	
1. Name and Address of Reporting Person* HALEY JOHN J				2. Issuer Name and Ticker or Trading Symbol MAXIMUS INC [MMS]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)XDirector10% Owner				
Print or Type	Responses)															

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
HALEY JOHN J C/O MAXIMUS,INC. ATTN: TREASURY DEPT 1891 METRO CENTER DR RESTON, VA 20190	X					

Signatures

David R. Francis: As Attorney-In-Fact for: John J Haley	06/04/2018		
**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 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.