## FORM 4

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

OMB APP	ROVAL
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 DR			2. Issuer Name and Ticker or Trading Symbol MAXIMUS, INC. [MMS]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director10% Owner						
			ASURY	3. Date of Earliest Transaction (Month/Day/Year) 03/17/2020						_	Officer (giv	ve title below)	Oth	er (specify belo	v)
(Street) RESTON, VA 20190			4	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					
(City)	1	(State)	(Zip)	Table I - Non-Derivative Securities Acqu			es Acquired	uired, Disposed of, or Beneficially Owned							
1.Title of Se (Instr. 3)	curity		2. Transaction Date (Month/Day/Year)	2A. Deen Execution any (Month/I	n Date,	if Co (Ir	Transa ode astr. 8)	(A)	courities Acquired Disposed (A) or (D) (D)	of (D) Ow Tra	Owned Following Reported Transaction(s) (Instr. 3 and 4)		ed	Ownership Form:	Beneficial Ownership
Reminder: R	eport on a se	eparate fine for each	class of securities	ocherician	ly Owne	u unc	ctry or	Persons v	who respor I in this for				ation d unless the		474 (9-02)
Reminder: R	eport on a se	eparate line for each	Table II -	Derivativ	e Secur	rities A	Acquir	Persons v contained form disp	I in this for lays a curr d of, or Ben	m are not ently valid eficially Ov	required OMB co	to respon	d unless th		474 (9-02)
	2. Conversion	3. Transaction Date	Table II -	Derivativ (e.g., puts 4. Transac Code	e Secur, calls, 5.  5. of Do  No See Ad  Of  Of  (In	ities A warra Numl	Acquirants, oper 6. Exve (Mess d	Persons v contained form disp	I in this for lays a curred of, or Ben ertible securing isable and te	m are not ently valid eficially Ov	required OMB co wned Amount ing	to respond ntrol numl	d unless th	f 10. Ownersh Form of Derivativ Security: Direct (I or Indire	11. Natur of Indire Beneficia Ownersh (Instr. 4)
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction Date	Table II -  3A. Deemed Execution Date, it	Derivativ (e.g., puts 4. Transac Code	e Secur, calls, 5. tion of Security Sec	Numberivatii cquire (D) or spose (D) sstr. 3 d 5)	Acquirants, oper 6. E: (Nees d d , 4,	Persons v contained form disp red, Dispose ptions, conv . Date Exerc Expiration Da	I in this for lays a curred of, or Ben ertible securing isable and te	eficially Ovrities) 7. Title and of Underly Securities	required OMB co wned Amount ing	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction	f 10. Ownersh Form of Derivativ Security: Direct (I or Indire	11. Natur of Indire Beneficia Ownersh (Instr. 4)

### **Reporting Owners**

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

## **Signatures**

David R. Francis: As Attorney-In-Fact for: Anne K Altman	03/18/2020
**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.