

**INITIAL STATEMENT OF 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)

1. Name and Address of Reporting Person* GOLINVAUX THERESA D  (Last) (First) (Middle) C/O MAXIMUS, INC. ATTN: TREASURY DEPT, 1891 METRO CENTER DRIVE  (Street) RESTON, VA 20190  (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 12/01/2021	3. Issuer Name and Ticker or Trading Symbol MAXIMUS, INC. [MMS]	
		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input checked="" type="checkbox"/> Officer (give title below) <input type="checkbox"/> Other (specify below) Principal Accounting Officer	5. If Amendment, Date Original Filed(Month/Day/Year)
		6. Individual or Joint/Group Filing(Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person	

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock (1)	696.819	D	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

SEC 1473 (7-02)

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

**Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			
Common Stock (1)	(2)	(2)	Common Stock	1,323.325	\$ 69.43	D	
Common Stock (1)	(3)	(3)	Common Stock	1,182.707	\$ 72.31	D	
Common Stock (4)	09/30/2023	(5)	Common Stock	173.67	\$ 72.31	D	

**Reporting Owners**

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
GOLINVAUX THERESA D C/O MAXIMUS, INC. ATTN: TREASURY DEPT 1891 METRO CENTER DRIVE RESTON, VA 20190			Principal Accounting Officer	

**Signatures**

David R. Francis: As Attorney-In-Fact for: Theresa D Golinvaux		12/01/2021
<small>**Signature of Reporting Person</small>		<small>Date</small>

**Explanation of Responses:**

\* If the form is filed by more than one reporting person, see Instruction 5(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) Restricted Stock Units vest based upon the following schedule, subject to deferred vesting for a longer period at the election of individual, as permitted by the terms of the award: Shares Vest Date 441.111 09/30/2022 441.111 09/30/2023 441.103 09/30/2024 Expiration date not applicable to RSUs
- (3) Restricted Stock Units vest based upon the following schedule, subject to deferred vesting for a longer period at the election of individual, as permitted by the terms of the award: Shares Vest Date 394.237 09/30/2022 394.237 09/30/2023 394.233 09/30/2024 Expiration date not applicable to RSUs
- (4) Each Performance Restricted Stock Unit represents a contingent right to receive one share of common stock.
- (5) Expiration date not applicable to Performance 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.