| SEC | Form | 4 |
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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

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).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| affirmative defense 10b5-1(c). See Instr | | | | | | | | |
|--|---------|-----------------|--|---|--|--|--|--|
| 1. Name and Address HALEY JOHN | | on [*] | 2. Issuer Name and Ticker or Trading Symbol <u>MAXIMUS, INC.</u> [MMS] | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
| (Last) | (First) | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 11/30/2023 | X Director 10% Owner Officer (give title Other (specify below) below) | | | | |
| C/O MAXIMUS,INC. 1600 TYSONS BLVD, SUITE 1400 | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (Street) | | | | rom med by wore than one reporting reson | | | | |
| MCLEAN | VA | 22102 | | | | | | |
| (City) | (State) | (Zip) | | | | | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| Date (Month/Day/Year) | | Transaction Code (Instr. | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) | | | 5. Amount of Securities Beneficially Owned Following Reported | Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership |
|------------------------------|--|-----------------------------|---|--|---------------|-------|--|---|-------------------------|
| | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (Instr. 4) |

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

(e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transac Code (Ir 8) | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported | Ownership | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---|---|------------|---|---------------------------------|---|-------|-----|--|--------------------|--|-------------------------------------|--------------------------------------|--|-----------|--|
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | Transaction(s) (Instr. 4) | | |
| Dividend Equivalent Rights | (1) | 11/30/2023 | | Α | | 58.76 | | (1) | (1) | Common Stock | 58.76 | \$0 | 16,411.76 | D | |

Explanation of Responses:

1. Dividend equivalent rights accrued on previously-awarded restricted stock units ("RSU") which vest proportionately with RSUs to which they relate and on certain performance share units ("PSUs") where the performance criteria of such PSUs have been met. Each dividend equivalent right is the economic equivalent of one share of Maximus Common stock.

David R. Francis: As Attorney-In-Fact for: John Haley 12/04/2023

** Signature of Reporting Person Date

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

 * 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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 Number.