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).

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 Ty	pe Response	s)												
1. Name and Address of Reporting Person* BOYER JOHN				2. Issuer Name and Ticker or Trading Symbol MAXIMUS INC [MMS]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director				
(Last) (First) (Middle) C/O MAXIMUS INC, 11419 SUNSET HILLS RD				3. Date of Earliest Transaction (Month/Day/Year) 05/26/2005						X Officer (give title below) Other (specify below) Health Serv Gen Mgr				
(Street)				4. If Amendment, Date 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				
RESTON (City	I, VA 2019	(State)	(Zip)											
(City)	(State)	(Zip)	Ta	able I - Noi	ı-Der	ivative S	ecurities	s Acqui	red, Dispo	osed of, or l	Beneficially (Owned	
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (Instr. 3, 4 and 5)			Beneficia Reported	ally Owned l Transaction	of Securities y Owned Following ransaction(s)		7. Nature of Indirect Beneficial	
				Code	V	Amount	(A) or (D)	Price	(Instr. 3 a	(Instr. 3 and 4)		Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)	
Restricted Stock Units 9Common Stock)		05/26/2005		A			Λ	\$ 33.26	12,657 (1)			D		
				Derivative Securities, e.g., puts, calls, wa	ies Acquire	cont the f	ained in orm disp	this fo plays a f, or Ber	orm are currer	not requ ntly valid		spond unle trol numbe	ss	1474 (9-02)
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		Execution Da any	te, if Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)			Amo Unde Secu	tle and bunt of erlying rities r. 3 and		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Ownersh Form of Derivativ Security: Direct (I or Indire	Ownershi (Instr. 4) D)
				Code V	(A) (D)	Date		Expiratio Date	Title	Amount or Number of Shares				
Repor	ting O	wners												
				Relationships										
Repor	ting Owner	Name /		1		$\overline{}$								

Other

Signatures

BOYER JOHN C/O MAXIMUS INC

Address

11419 SUNSET HILLS RD RESTON, VA 20190

David R. Francis: As Attorney-In-Fact for: John Boyer	05/26/2005		
**Signature of Reporting Person	Date		

10%

Owner

Officer

Health Serv Gen Mgr

Director

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) Of this amount 11,165 shares are restricted and subject to future vesting pursuant to the terms of a grant of restricted stock previously made by the issuerer to the reporting person. The reporting person does not have voting or dispositive power over these shares of Restricted 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.