FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
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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* FALLON BOB					2. Issuer Name and Ticker or Trading Symbol MAXIMUS INC [mms]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner				
(Last) (First) (Middle) C/O MAXIMUS INC, 11419 SUNSET HILLS RD					3. Date of Earliest Transaction (Month/Day/Year) 04/01/2004							X Officer (give title below) Other (specify below) President, Human Services Div				
(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, VA 20190 (City) (State) (Zip)					Table I - Non-Derivative Securities Acqui							ired, Disposed of, or Beneficially Owned				
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year		2A. Deemed Execution Date,	ution Date, i	Code (Instr. 8)	(A) or Dis (Instr. 3, 4			of (D)	5. Amount of Securities		s 6. O Fe	6. Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership	
					(World) Day, Tear		Code	V	Amoun	(A) or (D)	Price	(msu. 3 a	iiu +)		or Indirect (I) (Instr. 4)	(Instr. 4)
Common Stock 04/01/20			1/2004			F		477	A	\$ 35	12,123			D		
							-	ed, Di	sposed o	of, or Ben	eficial	-	OMR COU	rol numbe		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	ercise of ative (Month/Day			te, if	4. Transaction Code	arrants, op 5.	red, Disposed of, or Benefictions, convertible securit 6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Ti Amo Und Secu	-	8. Price of	9. Number o	f 10. Ownersh Form of Derivativ Security Direct (I or Indire	Ownership (Instr. 4)
						Code V	of (D) (Instr. 3, 4, and 5)	Date Exer		Expiration Date	1 Title	Amount or Number of Shares		(Instr. 4)	(Instr. 4	
Repor	ting O	wners				Code V	(1) (D)					Shares				
Reporting Owner Name / Address Director 10% Owner			Relationships													
			Director Officer							Other						

President, Human Services Div

Signatures

FALLON BOB C/O MAXIMUS INC

11419 SUNSET HILLS RD RESTON, VA 20190

David R Francis, as Attorney-In-Fact for Bob Fallon	04/05/2004		
**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).

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.