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MAXIMUS	INC										
Form 4											
October 02, 2	2015								0.45.45		
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION								OMMERION		OMB APPROVAL	
	UNITE		shington,			NGE C	OMMISSION	OMB Number:	3235-0287		
Check thi if no long subject to Section 1 Form 4 o Form 5 obligation may cont	F CHANGES IN BENEFICIAL OWNERSHIP SECURITIES Section 16(a) of the Securities Exchange Act of 19 Public Utility Holding Company Act of 1935 or Se					e Act of 1934,	Expires: January 31 2009 Estimated average burden hours per response 0.9				
See Instru 1(b).		30(h)	of the In	vestment	Compan	y Act	of 194	0			
(Print or Type F	Responses)										
PILOTI AKBAR Symbo			Symbol	Issuer Name and Ticker or Trading nbol AXIMUS INC [MMS]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last)	(First)	(Middle)	3. Date of Earliest Transaction								
				Month/Day/Year) 09/30/2015				Director 10% Owner Officer (give title _X Other (specify below) below) Preside - Human Services			
			nendment, Date Original onth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
RESTON, V	VA 20190							Form filed by M Person			
(City)	(State)	(Zip)	Tabl	le I - Non-D	Derivative S	Securi	ties Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Da (Month/Day/Year	r) Execution any	n Date, if Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) Day/Year) (Instr. 8) (A) or		of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
Common Stock	09/30/2015			F	12,364 (1)	D	\$ 59.56	26,429 <u>(2)</u>	D		

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

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 Acquired, Disposed of, or Beneficially Owned

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

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owno Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address		Relationships					
1	Director	10% Owner	Officer	Other			
PILOTI AKBAR C/O MAXIMUS INC. ATTN: TREASURY DEPT 1891 METRO CENTER DRIVE RESTON, VA 20190				Preside - Human Services			
Signatures							
David R. Francis: As Attorney-In-Fact for: Akbar Piloti		10/02/2015					
**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) These shares were surrendered to satisfy the withholding tax due in connection with the recent vesting of restricted stock units.

In addition, the reporting person holds 36,696 shares that are restricted and subject to future vesting pursuant to the terms of a grant of
 (2) restricted stock previously made by the issuer 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.