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MAXIMUS Form 4 March 22, 20										
FORM									PPROVAL	
	UNITED	STATES		RITIES A			E COMMISSIO	N OMB Number:	3235-0287	
Check thi if no long	ar							Expires:	January 31,	
subject to Section 1 Form 4 or	F CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES					Estimated burden hou response	urs per			
Form 5 obligation may cont <i>See</i> Instru 1(b).	inue. Section 17(a) of the l	Public U	Jtility Hol	lding Cor		nge Act of 1934, of 1935 or Secti 940			
(Print or Type R	Responses)									
1. Name and Address of Reporting Person <u>*</u> BOYER JOHN			2. Issuer Name and Ticker or Trading Symbol MAXIMUS INC [MMS]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last)	(First) (I	Middle)	3. Date of	of Earliest T	ransaction		(Check an applicable)			
C/O MAXIMUS INC, 11419 SUNSET HILLS RD			(Month/Day/Year) 03/20/2007			Director 10% Owner X Officer (give title Other (specify below) General Manager - Health Svcs				
(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 				
RESTON, V	A 20190						Person	whole than one R	oporting	
(City)	(State)	(Zip)	Tab	ole I - Non-	Derivative	Securities A	Acquired, Disposed	of, or Beneficia	lly Owned	
	2. Transaction Date (Month/Day/Year)	2A. Deem Execution any (Month/Da	Date, if	Code (Instr. 8)	4. Securit onAcquired Disposed (Instr. 3, 4 Amount	(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)	
Domindor Don	ort on a concrete line	for each al	oss of soo							
Kennider: Kep	ort on a separate line			unues dene	Perso inforn requir	ns who rest nation cont ed to resp sys a curre	spond to the colle tained in this forn ond unless the fo ntly valid OMB co	n are not rm	SEC 1474 (9-02)	

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number	6. Date Exercisable and	7. Title and Amount of	8. Pr
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onof Derivative	Expiration Date	Underlying Securities	Deriv
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)	Secu

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(Instr. 3)	nstr. 3) Price of Derivative Security		(Month/Day/Year)	(Instr.	(D)) or sposed of) str. 3, 4,				(Inst
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Restricted Stock Units (1)	\$ 33.8	03/20/2007		A		6,213		(2)	(2)	Common Stock	6,213	S

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
BOYER JOHN C/O MAXIMUS INC 11419 SUNSET HILLS RD RESTON, VA 20190			General Manager - Health Svcs					
Signatures								
David R. Francis: As Attorney- Boyer	In-Fact fo	or: John	03/22/2007					
<u>**</u> 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) Each RSU represents a contingent right to receive one share of common stock.
- Restricted stock units vest based upon the following schedule, subject to deferred vesting for a longer period at the election of the individual, as permitted by the terms of the agreement: Shares Vest Date 1,036 3/31/2008 1,036 3/31/2009 1,036 3/31/2010 1,035 3/31/2011 1,035 3/31/2012 1,035 3/31/2013 Expiration date not applicable to RSUs.
- (3) Reporting person also holds restricted stock units with respect to an additional 15,706 shares of common stock with varying vesting schedules.

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.