## Edgar Filing: MAXIMUS INC - Form 4

MAXIMUS	INC											
Form 4	005											
March 17, 2	_											
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION								OMMISSION		3 APPROVAL		
		0111110		ashington				0111111001011	Number:	3235-0287		
Check the check		······································								January 31,		
if no longer subject to STATEMENT OF Cl				HANGES IN BENEFICIAL OWNERSHIP OF					Estimated average			
Section 16.				SECUI	SECURITIES					s per		
Form 4 Form 5		sugnt to S	Section	16(a) of th	he Securi	ties F	xchange	e Act of 1934,	response	0.5		
obligatio	$\frac{170}{170}$						•	1935 or Section				
may con <i>See</i> Inst	itinue.			nvestmen								
1(b).												
(Print or Type	<b>P</b> aspansas)											
(Finit of Type	Kesponses)											
1. Name and Address of Reporting Person <sup>*</sup> _2. Issuer Name and Ticker or Trading 5. Relationship of							Reporting Person(s) to					
DUDDY DAVIAOND D								Issuer				
		MAXIMUS INC [MMS]					(Check all applicable)					
(Last)	(First) (	Middle)	3. Date of	of Earliest T	Transaction			(0	an approacto			
							X_ Director 10% Owner Officer (give title Other (specify					
MAXIMUS INC - ATTN: 03/16/ TREASURY DEPT., 11419			03/16/2	16/2005 <u>-</u>				below) below)				
	HILLD ROAD											
	(Street)		4 If Am	endment, D	ate Origina	1		6 Individual or Ioi	nt/Group Filin	v(Check		
· · · · · · · · · · · · · · · · · · ·							6. Individual or Joint/Group Filing(Check Applicable Line)					
								_X_ Form filed by Or Form filed by Mo				
RESTON,	VA 20190							Person	ore than One Rej	Jorning		
(City)	(State)	(Zip)	Tab	ole I - Non-	Derivative	Secur	ities Acqu	uired, Disposed of,	or Beneficiall	y Owned		
1.Title of	2. Transaction Date			3.	4. Securit				6.	7. Nature of		
Security (Instr. 3)	(Month/Day/Year)	Execution any	Date, if	Transactio Code	orbr Dispos (Instr. 3, 4			Securities Beneficially	Ownership Form:	Indirect Beneficial		
(Month/Day/Year)			Code (Instr. 3, 4 and 5) (Instr. 8)				Owned	Direct (D) Ownership				
								Following Reported	or Indirect (I)	(Instr. 4)		
						(A)		Transaction(s)	(I) (Instr. 4)			
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)				
Common Stock	03/16/2005			Р	19,000	A	\$ 34.328	19,000	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)

## Edgar Filing: MAXIMUS INC - Form 4

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)	of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,		ate	7. Titl Amou Under Securi (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships					
	Director	10% Owner	Officer	Other		
RUDDY RAYMOND B MAXIMUS INC - ATTN: TREASURY DEPT. 11419 SUNSET HILLD ROAD RESTON, VA 20190	Х					
Signatures						
David R. Francis, As-Attorney-In-Fact for: Rayn Ruddy	nond	03/1	6/2005			
<u>**</u> Signature of Reporting Person		E	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.