

MAXIMUS INC
Form 3
October 14, 2005

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,
Section 17(a) of the Public Utility Holding Company Act of 1935 or Section
30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person *		2. Date of Event Requiring Statement	3. Issuer Name and Ticker or Trading Symbol	
Â Plymack Michael		(Month/Day/Year)	MAXIMUS INC [MMS]	
(Last)	(First)	09/30/2005		
			4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)
MAXIMUS INC., ATTN; TREASURY DEPT.,Â 11419 SUNSET HILLS ROAD			(Check all applicable)	
(Street)			<input type="checkbox"/> Director	<input type="checkbox"/> 10% Owner
			<input checked="" type="checkbox"/> Officer	<input type="checkbox"/> Other
			(give title below) (specify below)	
			President and General Manager	
			6. Individual or Joint/Group Filing(Check Applicable Line)	
			<input checked="" type="checkbox"/> Form filed by One Reporting Person	
			<input type="checkbox"/> Form filed by More than One Reporting Person	
RESTON,Â VAÂ 20190				
(City)	(State)	(Zip)		

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
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Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

SEC 1473 (7-02)

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

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of	

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				Shares		or Indirect (I) (Instr. 5)	
Stock Options (Right To Buy)	Â (1)	09/30/2011	Common Stock	50,000	\$ 35.75	D	Â
Restricted Stock Units (RSU)	Â (2)	Â (3)	Common Stock	3,000	\$ (4)	D	Â

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Plymack Michael MAXIMUS INC., ATTN; TREASURY DEPT. 11419 SUNSET HILLS ROAD RESTON, VA 20190	Â	Â	Â President and General Manager	Â

Signatures

David R. Francis, As Attorney-In-Fact for: Michael Plymack 09/30/2005

**Signature of Reporting Person

Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 5(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) NQ Options are exercisable based on the following schedule: Granted Full Vest Expires 12,500 09/30/2006 09/30/2011 12,500 09/30/2007 09/30/2011 12,500 09/30/2008 09/30/2011 12,500 09/30/2009 09/30/2011
Of this amount 3,000 Shares are restricted and subject to future vesting pursuant to the terms of a grant of restricted stock previously made by the issuer to the reporting person. The reporting person does not have dispositive power over these shares of restricted stock.
- (2) Restricted Stock Units ves based on the following schedule: Granted Vest Date 500 03/31/2006 500 03/31/2007 500 03/31/2008 500 03/31/2009 500 03/31/2010 500 03/31/2011
- (3) Expiration Date for RSU - Not applicable
- (4) Conversion or Exercise price not applicable to RSU

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.