Edgar Filing: MAXIMUS INC - Form 4

MANDALIC INC

Form 4													
April 04, 2005 FORM 4 UNITED STATES SECURIT							OMB APPROVAL						
	UNITED	SIAIES				ND EX D.C. 20		NGE C	OMINISSION	OMB Number:	3235-0287		
Check thi if no long subject to Section 1 Form 4 o	6. STATEN								Expires: Estimated a burden hour response				
Form 5 obligations may continue.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 19401(b).													
(Print or Type F	Responses)												
BOYER JOHN Symbo				suer Name and Ticker or Trading ol XIMUS INC [MMS]					5. Relationship of Reporting Person(s) to Issuer				
(Last)	(First) (Middle)	3. Date of						(Checl	k all applicable)		
C/O MAXIMUS INC ATTN: 03/31/2 TREASURY DEPT, 11419 SUNSET HILLS RD				Day/Year) 2005					Director 10% Owner X Officer (give title Other (specify below) below) below) Health Serv. Gen Mgr				
				ndment, Date Original hth/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	e I - Nor	n-De	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	y Owned		
1.Title of Security (Instr. 3)	2. Transaction Dat (Month/Day/Year)	Execution any		Code (Instr. 8	8)	4. Securit n(A) or Di (Instr. 3,	sposed 4 and (A) or	d of (D) 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Indirect Beneficial		
Common Stock	03/31/2005			Code F	V	Amount 399	(D) D	Price \$ 33.49	$6,157 \frac{(1)}{(1)}$	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)	3. Transaction Date (Month/Day/Year)	4. Transacti Code (Instr. 8)	Securities Acquired (A) or Disposed of (D) (Instr. 3,	(Month/Day/Year) vative rities ired r osed)		7. Title Amoun Under Securi (Instr.	nt of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
		Code V	4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
BOYER JOHN C/O MAXIMUS INC ATTN: TREASURY DEPT 11419 SUNSET HILLS RD RESTON, VA 20190			Health Serv. Gen Mgr				
Signatures							
David R. Francis, As Attorney-In-Fact for: John Boyer	(03/31/2005					
**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).

Of this amount, 4,665 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 voting or dispositive power over these shares of restricted 2002 POV for 2002 POV for

stock. 2002 RSU Grant (3,500) Shares Vest Date 584 03/31/2003 584 03/31/2004 583 03/31/2005 583 03/31/2006 583 03/31/2007 583 03/31/2007 583 03/31/2008 2004 RSUs granted (3,500) Shares Vest Date 584 03/31/2005 584 03/31/2006 583 03/31/2007 583 03/31/2008 583 03/31/2009 583 03/31/2010

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.