POND PETER Form 4 May 07, 2009

FORM 4

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

OMB APPROVAL

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obligations

Check this box

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

may continue. 30(h) of the Investment Company Act of 1940 See Instruction

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * POND PETER			2. Issuer Name and Ticker or Trading Symbol					5. Relationship of Reporting Person(s) to Issuer			
			MAXIMUS INC [MMS]					(Check all applicable)			
(Last)	(First)	(Middle)	3. Date of Earliest Transaction								
			(Month/Day/Year)				_X_ Director		% Owner		
			05/05/2009					below)	ve title Oth below)	er (specify	
	(Street)		4. If Amendment, Date Original					6. Individual or Joint/Group Filing(Check			
			Filed(Month/Day/Year)					Applicable Line)			
								X Form filed by One Reporting Person Form filed by More than One Reporting			
								Person	y More than One R	eporting	
(City)	(State)	(Zip)	Tab	le I - Non-l	Derivative	Secur	rities A	cquired, Disposed	of, or Beneficia	lly Owned	
1.Title of	2. Transaction Date	2A. Deeme	ed	3.	4. Securit	ies		5. Amount of	6. Ownership	7. Nature of	
Security (Month/Day/Year) Executive (Month/Day/Year)		Execution	Date, if	f TransactionAcquired (A) or				Securities	Form: Direct	Indirect	
(Instr. 3) any		Code		Disposed of (D)		Beneficially	(D) or Indirect	Beneficial			
		(Month/Da	y/Year)	(Instr. 8)	(Instr. 3,	4 and 5	5)	Owned	(I)	Ownership	
								Following	(Instr. 4)	(Instr. 4)	
						(A)		Reported Transaction(s)			
						or		(Instr. 3 and 4)			
				Code V	Amount	(D)	Price	(moure und 1)			

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)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)

1. Title of Derivative		3. Transaction Date (Month/Day/Year)		4. Transactio		6. Date Exercisable and Expiration Date	7. Title and Amount of Underlying Securities	
Security	or Exercise		any	Code	of	(Month/Day/Year)	(Instr. 3 and 4)	Security
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative			(Instr. 5)

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	Derivative Security			Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)						
			Code	V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Common Stock (1)	\$ 42.23	05/05/2009	A		59	(2)	(2)	Common Stock	59	\$ (

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
POND PETER							
	X						

Signatures

David R. Francis: As Attorney-In-Fact for: Peter
Pond

**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 (2) individual, as permitted by the terms of the award: Shares Vest Date 0 5/5/2010 0 5/5/2011 59 5/5/2012 Expiration date not applicable to RSUs.
- (3) Reporting person also holds restricted stock units with respect to an additional 32,321 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.

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