

Sullivan Robert
 Form 3
 October 24, 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 *

Â Sullivan Robert
 (Last) (First) (Middle)

MAXIMUS, INC. ATTN:
 TREASURY DEPT,Â 11419
 SUNSET HILLS ROAD

(Street)

RESTON,Â VAÂ 20190

(City) (State) (Zip)

2. Date of Event Requiring Statement

(Month/Day/Year)
 10/17/2005

3. Issuer Name and Ticker or Trading Symbol
 MAXIMUS INC [MMS]

4. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

Director 10% Owner
 Officer Other
 (give title below) (specify below)
 President and General Manager

5. If Amendment, Date Original Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check Applicable Line)
 Form filed by One Reporting Person
 Form filed by More than One Reporting Person

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)

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)

Date Exercisable Expiration Date

3. Title and Amount of Securities Underlying Derivative Security
 (Instr. 4)

Title Amount or Number of

4. Conversion or Exercise Price of Derivative Security

5. Ownership Form of Derivative Security: Direct (D)

6. Nature of Indirect Beneficial Ownership
 (Instr. 5)

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| | | | | Shares | | or Indirect (I) (Instr. 5) | |
|------------------------------|-------|------------|--------------|--------|----------|----------------------------------|---|
| Stock Options (Right To Buy) | Â (1) | 10/17/2011 | Common Stock | 50,000 | \$ 35.01 | D | Â |
| Restricted Stock Units (RSU) | Â (2) | Â (3) | Common Stock | 5,000 | \$ (4) | D | Â |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | |
|---|---------------|-----------|---------------------------------|-------|
| | Director | 10% Owner | Officer | Other |
| Sullivan Robert 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: Robert Sullivan 10/17/2005

__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 10/17/2006 10/17/2011 12,500 10/17/2007 10/17/2011 12,500 10/17/2008 10/17/2011 12,500 10/17/2009 10/17/2011

(2) Of this amount 5,000 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 voting or dispositive power over these shares of restricted stock. Restricted Stock Units vest based on the following schedule: Granted Vest Date 834 03/31/2006 834 03/31/2007 833 03/31/2008 833 03/31/2009 833 03/31/2010 833 03/31/2011

(3) Expiration Date for RSUs not applicable

(4) Conversion or Exercise Price not applicable to RSUs.

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.