## Edgar Filing: Altman Anne K. - Form 4

Altman Anne K. Form 4												
September 05, 2017 FORM 4 Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 STATEMENT OF CHANGES IN 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 1940							N OMB Number: Expires: Estimated burden hou response	Number:3235-0287Expires:January 31, 2005Estimated average burden hours per response0.5				
(Print or Type Respo	nses)											
1. Name and Address of Reporting Person <u>*</u> Altman Anne K.			2. Issuer Name <b>and</b> Ticker or Trading Symbol MAXIMUS INC [MMS]				g	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last) C/O MAXIMUS TREASURY DE CENTER DRIV	3. Date of Earliest Transaction (Month/Day/Year) 08/31/2017				Director 10% Owner Officer (give title Other (specify below) below)							
(Street) RESTON, VA 20190			4. If Amendment, Date Original Filed(Month/Day/Year)				<ul> <li>6. Individual or Joint/Group Filing(Check Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting Person</li> </ul>					
(City)	(State)	(Zip)	Tab	ole I - Non-	Derivati	ve Securit	ies A	cquired, Disposed	of, or Beneficia	lly Owned		
	ansaction Date hth/Day/Year)	Execution any	Date, if	3. Transacti Code (Instr. 8) Code V	Dispose (Instr. 3	ed (A) or ed of (D) 3, 4 and 5) (A) or	Price	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Reminder: Report or	n a separate line	for each cl	ass of sec	urities bena	Pers info requ disp	sons who rmation o uired to re	o res conta espo	or indirectly. spond to the colle ained in this forn ond unless the fo ntly valid OMB co	n are not rm	SEC 1474 (9-02)		
	Tab			curities Ac ls, warrant				Beneficially Owner securities)	d			

1. Title of	2.	3. Transaction Date	3A. Deemed	4. 5. Number	6. Date Exercisable and	7. Title and Amount of	8. P
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction f Derivative	Expiration Date	Underlying Securities	Der

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Security (Instr. 3)	or Exercise Price of Derivative Security		any Code (Month/Day/Year) (Instr.		Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	(Month/Day/Year)		(Instr. 3 and 4)		Sect (Ins
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Dividend Equivalent Rights	<u>(1)</u>	08/31/2017		А	3.629	<u>(1)</u>	(1)	Common Stock	3.629	

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships					
	Director	10% Owner	Officer	Other		
Altman Anne K. C/O MAXIMUS INC. ATTN: TREASURY DEPT 1891 METRO CENTER DRIVE RESTON, VA 20190	Х					
Signatures						
David R. Francis: As Attorney-In-Fact for: Anne K. Altman	09/05/2017					
**Signature of Reporting Person	Date					
C/O MAXIMUS INC. ATTN: TREASURY DEPT 1891 METRO CENTER DRIVE RESTON, VA 20190 <b>Signatures</b> David R. Francis: As Attorney-In-Fact for: Anne K. Altman	Х		017			

## **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) Dividend equivalent rights accrued on previously-awarded restricted stock units ("RSU") which vest proportionately with the RSUs to which they relate. Each dividend equivalent right is the economic equivalent of one share of MAXIMUS common stock.

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.