

WERTIN DEANNE M  
Form 3  
July 03, 2008

**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 <b>and</b> Ticker or Trading Symbol	
Â WERTIN DEANNE M		(Month/Day/Year)	MAXIMUS INC [MMS]	
(Last)	(First)	07/01/2008		
11419 SUNSET HILLS ROAD			4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)
(Street)			(Check all applicable)	
RESTON,Â VAÂ 20190			<input type="checkbox"/> Director	6. Individual or Joint/Group Filing(Check Applicable Line)
(City)	(State)	(Zip)	<input checked="" type="checkbox"/> Officer	<input checked="" type="checkbox"/> Form filed by One Reporting Person
			(give title below)	<input type="checkbox"/> Form filed by More than One Reporting Person
			President-Health West Division	

**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) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable      Expiration Date	Title      Amount or Number of Shares			

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Stock Option (Right To Buy)	Â (1)	03/20/2012	Common Stock	3,000	\$ 34.04	D	Â
Restricted Stock Unit (2)	Â (3)(4)	Â (7)	Common Stock	1,135 (6)	\$ 0	D	Â
Restricted Stock Unit (2)	Â (3)(5)	Â (7)	Common Stock	3,133 (6)	\$ 0	D	Â

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
WERTIN DEANNE M 11419 SUNSET HILLS ROAD RESTON, VA 20190	Â	Â	Â President-Health West Division	Â

## Signatures

David R. Francis: As Attorney-In-Fact for Deanne M. Wertin 07/03/2008

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) Shares Vest Date 500 3/20/2008 1250 3/20/2009 1250 3/20/2010
- (2) Each Restricted Stock Unit represents a contingent right to receive one share of common stock.
- (3) Restricted Stock Units vest based on the following schedule:
- (4) Shares Vest Date 227 3/31/2009 227 3/31/2010 227 3/31/2011 227 3/31/2012 227 3/31/2013
- (5) Shares Vest Date 523 3/31/2009 522 3/31/2010 522 3/31/2011 522 3/31/2012 522 3/31/2013 522 3/31/2014
- (6) Of this amount, these shares are restricted and subject to future vesting pursuant to the terms of the 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.
- (7) Expiration date not applicable to restricted stock unit.

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.