Edgar Filing: Caswell Bruce - Form 4

Caswell Brue	ce										
Form 4											
March 11, 20											
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION										MB APPROVAL	
Washington, D.C. 20549						NGE C	01/11/11/01/01/01	OMB Number:	3235-0287 January 31,		
Check the	is box	Washington, D.C. 20349									
if no longer STATEMENT OF CHA				NGES IN BENEFICIAL OWN				NERSHIP OF	Expires:	2005	
subject to Section 1		SECURITIES						Estimated average burden hours per			
Form 4 o									response	0.5	
Form 5 obligation	n						-	e Act of 1934,			
may cont				•	•	- ·		1935 or Section	ı		
See Instru	uction	30(h)	of the In	vestment	Compan	y Act	t of 194	0			
1(b).											
(Print or Type F	Responses)										
C								5. Relationship of Reporting Person(s) to Issuer			
Caswell Bruce Symbol MAXIMUS INC [MMS]											
(Lest)						(Check all applicable)					
			of Earliest Transaction Day/Year)				Director 10% Owner				
			03/08/2	•				Officer (give titleX Other (specify			
METRO CENTER DRVIE								below) below) President - Health Services			
			4 If Ame					6. Individual or Joint/Group Filing(Check			
								Applicable Line)			
								X Form filed by One Reporting Person Form filed by More than One Reporting			
	A 20190-5207							Person	lore than One Re	porting	
(City)	(State)	(Zip)	Tabl	le I - Non-E	Derivative	Securi	ties Acqu	uired, Disposed of	, or Beneficial	y Owned	
1.Title of	2. Transaction Date	e 2A. Deen	emed 3. 4. Securities Acquired					5. Amount of 6. 7. Nature o			
Security	(Month/Day/Year)		n Date, if	Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5)				Securities	Ownership Form: Direct	Indirect Dependicial	
(Instr. 3)		-	any (Month/Day/Year)		(IIIstr. 5, 4	+ and 2))	Beneficially Owned	Form: Direct (D) or	Ownership	
		``	,	(Instr. 8)				Following	Indirect (I)	(Instr. 4)	
						(A)		Reported Transaction(s)	(Instr. 4)		
				Cod V	A	or	D. '	(Instr. 3 and 4)			
				Code V	Amount	(D)	Price \$				
Common	03/08/2013			S	17,489	D	ф 76.22	893.844	D		
Stock (1)							(2)				

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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. of Derivative Securities Acquired (A) or Disposed of (D)		ate	Secur	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	(Instr. 3, 4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships							
1	Director	10% Owner	Officer	Other				
Caswell Bruce C/O MAXIMUS, INC. 1891 METRO CENTER DRVIE RESTON, VA 20190-5207				President - Health Service				
Signatures								
David R. Francis: As Attorney-In- Caswell		03/11/2013						
**Signature of Reporting P	erson			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) These grants had previously been reported on Table II.

Weighted average sales price for prices ranging from \$76.00 to \$77.00. The reporting person will provide full information regarding the number of shares purchased or sold at each separate price upon request by the Commission staff, the issuer, or a security holder of the issuer.

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.