Edgar Filing: MAGELLAN HEALTH SERVICES INC - Form 4

MAGELLAN Form 4 May 18, 2006	HEALTH SERV	VICES IN	NC									
FORM	4									OMB APPROVAL		
-	UNITEDS	Washington, D.C. 20549								3235-0287		
Check this if no long subject to Section 16 Form 4 or	er STATEM	x STATEMENT OF CHANGES IN BENEFICIAL OWNERS SECURITIES						NERSHIP OF	Estimated average burden hours per			
Form 4 or Form 5 obligations may continue. See Instruction 1(b). 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							0.5					
(Print or Type R	esponses)											
1. Name and Address of Reporting Person <u>*</u> RESSNER MICHAEL P			2. Issuer Name and Ticker or Trading Symbol MAGELLAN HEALTH SERVICES				-	5. Relationship of Reporting Person(s) to Issuer				
			INC [MGLN]					(Check all applicable)				
(Last) (First) (Middle) 5909 APPLEGARTH LANE		liddle)	3. Date of Earliest Transaction (Month/Day/Year) 05/16/2006					X_ Director 10% Owner Officer (give title Other (specify below) below)				
				4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person			
RALEIGH, 1	NC 27614							Form filed by M Person	Aore than One Ro	eporting		
(City)	(State) (Zip)	Table	e I - Non-De	erivative S	ecuri	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned		
1.Title of Security (Instr. 3)	ity(Month/Day/Year)Execution Date, ifTran3)anyCode			FransactionAcquired (A) or Code Disposed of (D)			Securities Beneficially G Owned B Following G Reported Transaction(s)	6. Ownership Form: Direct (D) or (Indirect (I) (Instr. 4)				
Ordinary Common Stock,	05/16/2006			Code V	Amount 750 (2)	(D)	Price \$ 0	(Instr. 3 and 4) 6,469	D			
\$0.01 par value (1)												

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

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 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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. Transacti Code (Instr. 8)	5. Number on f Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (I	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option (right to buy)	\$ 40.21	05/16/2006 <u>(3)</u>		А	5,856	05/16/2007(4)	05/16/2016	Common Stock	5,856

Reporting Owners

Reporting Owner Name / Address		Relationships						
	Director	10% Owner	Officer	Other				
RESSNER MICHAEL P 5909 APPLEGARTH LANE RALEIGH, NC 27614	х							
Signatures								
/s/ Michael								
Ressner 05	/17/2006							

<u>**</u>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) The restricted shares were granted pursuant to the 2006 Director Equity Compensation Plan approved by the shareholders of the Issuer on May 16, 2006.
- (2) Shares shall vest fully in one year from the date of grant.

The option grant was made pursuant 2006 Director Equity Compensation Plan approved by the shareholders of the Issuer on May 16.(3) 2006. As per the plan, the exercise price of the options was the fair market value on the date of grant determined by using the average of the opening and closing price of the Issuer's Ordinary Common Stock on NASDAQ on May 16, 2006.

- (4) Options vest and become exercisable one year from the date of grant.
- (5) Not applicable.

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.