Edgar Filing: MAGELLAN HEALTH SERVICES INC - Form 4

MAGELLA Form 4 April 04, 20	N HEALTH SER	VICES IN	IC								
FORN Check th	14 UNITED		AND EXC , D.C. 205	OMB AF OMB Number:	PPROVAL 3235-0287						
if no lon subject t Section Form 4 o Form 5 obligatio may con <i>See</i> Instr 1(b).	AENT OF rsuant to S (a) of the P 30(h) of	ection 1 Public U	SECUE 6(a) of th	Expires: January 31, 2005 Estimated average burden hours per response 0.5							
(Print or Type	Responses)										
SHULMAN STEVEN J Symbol MAGE					d Ticker or T EALTH S	-)]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) (First) (Middle) 3. Date o				of Earliest Transaction				X Director 10% Owner X Officer (give title Other (specify below) below) Chairman and CEO			
AVON, CT	(Street)			endment, Da nth/Day/Yea	ate Original r)		-	5. Individual or Joi Applicable Line) .X_ Form filed by O Form filed by Mo Person	ne Reporting Pe	rson	
(City)	(State)	(Zip)	Tab	le I - Non-I	Derivative S	ecurit		ired, Disposed of,	or Beneficial	lv Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	ansaction Date 2A. Deemed				es Acqu d of (E	uired (A)	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)	
Ordinary Common Stock, \$0.01 par value	04/02/2007			Code V X <u>(1)</u>	Amount 103,251	(D) A	Price \$ 10.43	232,358	D		
Ordinary Common Stock, \$0.01 par value	04/02/2007			X <u>(1)</u>	120,460	A	\$ 11.91	352,818 <u>(2)</u>	D		
Ordinary Common	04/02/2007			S <u>(1)</u>	223,711	D	\$ 41.13	129,107	D		

Stock, \$0.01 par value (3)

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)

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. Transactio Code (Instr. 8)	 5. Number of ctiorDerivative Securities 8) 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)	(D)	Date Exercisable	Expiration Date	Title	Amount o Number o Shares
Stock Option (right to buy)	\$ 10.43	04/02/2007		X <u>(1)</u>		103,251	01/05/2007	12/31/2007	Common Stock	103,25
Stock Option (right to buy)	\$ 11.91	04/02/2007		X <u>(1)</u>		120,460	01/05/2007	12/31/2007	Common Stock	120,46

Reporting Owners

Reporting Owner Name / Addre	SS	R		
1	Director	10% Owner	Officer	Other
SHULMAN STEVEN J 55 NOD ROAD AVON, CT 06001	Х		Chairman and CEO	
Signatures				
/s/ Steven J Shulman	04/03/2007			
<u>**</u> Signature of	Date			

Reporting Person

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) This transaction was effectuated pursuant to a Rule 10b-5-1 plan and, accordingly, not on a discretionary basis by the reporting person.
- (2) Balance includes 129,107 shares of stock owned prior to reported transactions.
- (3) Price reflected is the average sale price. Please see attached Exhibit 99.1 for a complete list of all sales by sale price on April 2, 2007.
- (4) No price was applicable to the acquisition of this security.
- (5) The balance of options in this tranche are vested and are exercisable until December 31, 2007.

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.