Edgar Filing: MAGELLAN HEALTH SERVICES INC - Form 4

MAGELLAN HEALTH SERVICES INC

Form 4

August 02, 2010

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB Number: 3235-0287

Check this box if no longer subject to Section 16.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Expires: January 31, 2005

OMB APPROVAL

Section 16. Form 4 or Form 5 obligations

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

2. Issuer Name and Ticker or Trading

Symbol

response...

0.5

Estimated average

burden hours per

5. Relationship of Reporting Person(s) to

Issuer

See Instruction

may continue.

1(b).

LERER RENE

(Print or Type Responses)

1. Name and Address of Reporting Person *

			MAGELLAN HEALTH SERVICES INC [MGLN]				VICES	(Check all applicable)			
(Last) (First) (Middle) 55 NOD ROAD			3. Date of Earliest Transaction (Month/Day/Year) 07/30/2010					X Director 10% Owner X Officer (give title Other (specify below) below) Chief Executive Officer			
(Street)			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			
AVON, C	Γ 06001							Form filed by More than One Reporting Person			
(City)	(State)	(Zip)	Tab	le I - Non-I	Derivative	Secui	rities Acqu	ired, Disposed of	, or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Dat (Month/Day/Year)		Date, if	3. Transactic Code (Instr. 8)	(Instr. 3,	ispose	d of (D)	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)	
Common Stock, \$0.01 par value	07/30/2010			S(1)	300	D	\$ 40.11	54,013	D		
Ordinary Common Stock, \$0.01 par value	07/30/2010			S <u>(1)</u>	2,500	D	\$ 40.13	51,513	D		
Ordinary Common	07/30/2010			S <u>(1)</u>	2,200	D	\$ 40.14	49,313	D		

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Stock, \$0.01 par value							
Ordinary Common Stock, \$0.01 par value	07/30/2010	S(1)	1,000	D	\$ 40.7	48,313	D
Ordinary Common Stock, \$0.01 par value	07/30/2010	S(1)	1,000	D	\$ 40.74	47,313	D
Ordinary Common Stock, \$0.01 par value	07/30/2010	S <u>(1)</u>	500	D	\$ 40.8	46,813	D
Ordinary Common Stock, \$0.01 par value	07/30/2010	S <u>(1)</u>	4,500	D	\$ 40.86	42,313	D
Ordinary Common Stock, \$0.01 par value	07/30/2010	S <u>(1)</u>	3,000	D	\$ 40.87	39,313	D
Ordinary Common Stock, \$0.01 par value	07/30/2010	S <u>(1)</u>	1,000	D	\$ 41.407	38,313	D
Ordinary Common Stock, \$0.01 par value	07/30/2010	S(1)	1,500	D	\$ 41.53	36,813	D

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.

SEC 1474 (9-02)

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. onNumber of Derivative Securities Acquired (A) or Disposed of (D)		ate	7. Title a Amount of Underlying Securities (Instr. 3 a	of ng s	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Own Follo Repo Trans (Instr
				Code V	(Instr. 3, 4, and 5) (A) (D)	Date Exercisable	Expiration Date	or Title Nu of	umber		

Reporting Owners

Reporting Owner Name / Address	Relationships							
Topozonig O William V Tauri Coo	Director	10% Owner	Officer	Other				
LERER RENE 55 NOD ROAD AVON, CT 06001	X		Chief Executive Officer					

Signatures

/s/ Ren?? Lerer 08/02/2010 **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. 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.

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