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MAGELLAN HEALTH SERVICES INC

Form 4

October 06, 2010

FORM 4

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

OMB Number:

5. Relationship of Reporting Person(s) to

Issuer

Check this box if no longer subject to Section 16.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Expires: January 31, 2005
Estimated average

3235-0287

0.5

OMB APPROVAL

Form 4 or Form 5 obligations may continue.

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

burden hours per response...

See Instruction

1(b).

LERER RENE

(Print or Type Responses)

1. Name and Address of Reporting Person *

			MAGELLAN HEALTH SERVICES INC [MGLN]			(Check all applicable)			
(Last) 55 NOD RO	, ,	(Mor	3. Date of Earliest Transaction (Month/Day/Year) 10/04/2010				X Director 10% OwnerX Officer (give title Other (specify below) Chief Executive Officer		
(Street) 4. If Ame Filed(Mon				ate Originar)	al		6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person		
AVON, CT 06001							Form filed by More than One Reporting Person		
(City)	(State)	(Zip)	able I - Non-	Derivative	Secui	rities Acq	uired, Disposed o	f, or Beneficial	ly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date any (Month/Day/Yo	Code ar) (Instr. 8)	4. Secur for(A) or E (Instr. 3	oispose, 4 and (A) or	ed 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)	
Ordinary Common Stock, \$0.01 par value	10/04/2010		X <u>(1)</u>	1,700	` '	\$ 34.57	56,013	D	
Ordinary Common Stock, \$0.01 par value	10/05/2010		X <u>(1)</u>	700	A	\$ 34.57	56,713	D	
Ordinary Common	10/04/2010		S <u>(1)</u>	1,700	D	\$ 47.01	55,013	D	

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Stock, \$0.01 par value Ordinary

Common Stock,

10/05/2010

 $S_{(1)}^{(1)}$

700 D \$ 54,313

D

SEC 1474

(9-02)

\$0.01 par value

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

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. Transactic Code (Instr. 8)	5. Number conf Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exer Expiration D (Month/Day	Pate	7. Title and 2. Underlying S (Instr. 3 and	Securities	8. De See (In
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Option (right to buy)	\$ 34.57	10/04/2010		D	1,700	(2)	03/10/2015	Common	1,700	9
Stock Option (right to buy)	\$ 34.57	10/05/2010		D	700	(2)	03/10/2015	Common	700	Ç

Reporting Owners

Reporting Owner Name / Address	Keiauonsnips							
	Director	10% Owner	Officer	Other				
LERER RENE								
55 NOD ROAD	X		Chief Executive Officer					
AVON, CT 06001								

Reporting Owners 2

Dolotionshin

Signatures

/s/ Ren?? Lerer 10/06/2010

**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.
- (2) All options in this tranche have vested and are fully exercisable.
- (3) 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.

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