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MAGELLAN HEALTH SERVICES INC

Form 4

Common

November 12, 2010

FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION							OMB APPROVAL				
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287		
Check the if no lon	ger							Expires:	January 31, 2005		
subject to Section 16. Form 4 or			ANGES IN SECUR		CIA	L OWN	NERSHIP OF	Estimated average burden hours per response 0.5			
Form 5 obligation may con See Instruction 1(b).	ons tinue. Section 17(suant to Section a) of the Public 30(h) of the	Utility Hol	ding Con	npany	Act of	1935 or Section	1			
(Print or Type	Responses)										
Rohan Karen Symbol							5. Relationship of Reporting Person(s) to Issuer				
			MAGELLAN HEALTH SERVICES INC [MGLN]				(Check all applicable)				
(Last) (First) (Middle) 55 NOD ROAD			3. Date of Earliest Transaction (Month/Day/Year) 11/10/2010				Director 10% Owner X Officer (give title Other (specify below) President				
	If Amendment, Date Original ed(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person						
AVON, CT	06001						Form filed by M Person	Iore than One Re	porting		
(City)	(State)	(Zip) T	able I - Non-I	Derivative (Securi	ities Acq	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	. Transaction Date 2A. Deemed Month/Day/Year) Execution Date, if any (Month/Day/Year)				equired d of (D) 5)	5. Amount of Securities Beneficially Owned Following Reported	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	11/10/2010		Code V X(1)	Amount 17,500	or (D)	Price \$ 31.68	Transaction(s) (Instr. 3 and 4) 17,500	D			
Ordinary Common Stock, \$0.01 par value	11/10/2010		S <u>(1)</u>	3,000	D	\$ 48.55	14,500	D			
Ordinary	11/10/2010		S	2,500	D	\$	12,000	D			

48.75

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Stock, \$0.01 par value							
Ordinary Common Stock, \$0.01 par value	11/10/2010	S(1)	1,500	D	\$ 48.9	10,500	D
Ordinary Common Stock, \$0.01 par value	11/10/2010	S <u>(1)</u>	2,500	D	\$ 49.06	8,000	D
Ordinary Common Stock, \$0.01 par value	11/10/2010	S <u>(1)</u>	2,500	D	\$ 49.2	5,500	D
Ordinary Common Stock, \$0.01 par value	11/10/2010	S <u>(1)</u>	5,500	D	\$ 49.21	0	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)

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 of orDerivative 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) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option (right to buy)	\$ 31.68	11/10/2010		X <u>(1)</u>	17,500	(2)	09/01/2019	Common Stock	17,500

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Rohan Karen

55 NOD ROAD President

AVON, CT 06001

Signatures

/s/ Karen S. Rohan 11/12/2010

**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 Rule10b-5-1 plan.
- (2) 10,417 options are vested and exercisable. The remainder of 80,835 options in this tranche shall vest in equal increments on September 1 of 2011 and 2012.
- (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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