#### MAGELLAN HEALTH SERVICES INC

Form 4 June 03, 2013

Ordinary Common

\$0.01 par value

Ordinary Common

\$0.01 par value

**Ordinary** 

Common

Stock,

05/30/2013

05/30/2013

05/31/2013

Stock,

#### **OMB APPROVAL** UNITED STATES SECURITIES AND EXCHANGE COMMISSION **OMB** 3235-0287 Washington, D.C. 20549 Number: Check this box January 31, Expires: if no longer 2005 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF subject to Estimated average **SECURITIES** Section 16. burden hours per Form 4 or 0.5 response... Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940 See Instruction 1(b). (Print or Type Responses) 1. Name and Address of Reporting Person \* 5. Relationship of Reporting Person(s) to 2. Issuer Name and Ticker or Trading Lewis Clapper Caskie Issuer Symbol MAGELLAN HEALTH SERVICES (Check all applicable) INC [MGLN] (Last) (First) (Middle) 3. Date of Earliest Transaction Director 10% Owner \_X\_\_ Officer (give title Other (specify (Month/Day/Year) below) below) 55 NOD ROAD 05/30/2013 Chief Human Resources Officer (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Filing(Check Filed(Month/Day/Year) Applicable Line) \_X\_ Form filed by One Reporting Person Form filed by More than One Reporting AVON, CT 06001 Person (City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 1.Title of 2. Transaction Date 2A. Deemed 4. Securities Acquired 5. Amount of 7. Nature of Security (Month/Day/Year) Execution Date, if Transaction(A) or Disposed of (D) Securities Ownership Indirect (Instr. 3) Code (Instr. 3, 4 and 5) Beneficially Form: Direct Beneficial (Month/Day/Year) (Instr. 8) Owned (D) or Ownership Following Indirect (I) (Instr. 4) Reported (Instr. 4) (A) Transaction(s) or (Instr. 3 and 4) Code V Amount (D) Price

 $X^{(1)}$ 

 $X^{(1)}$ 

 $X^{(1)}$ 

3,168

10,620

214

16,440

27,060

27,274

32.91

41.47

\$

Α

D

D

D

4

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Stock, \$0.01 par value							
Ordinary Common Stock, \$0.01 par value	05/30/2013	S <u>(1)</u>	13,788	D	\$ 55	13,486	D
Ordinary Common Stock, \$0.01 par value	05/31/2013	S <u>(1)</u>	214	D	\$ 55	13,272	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. Transacti 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)	\$ 41.47	05/30/2013		X <u>(1)</u>		3,168	<u>(2)</u>	03/05/2018	Common	3,168
Stock Option (right to buy)	\$ 32.91	05/30/2013		X <u>(1)</u>		10,620	(2)	03/04/2009	Common	10,620
Stock Option (right to buy)	\$ 41.47	05/31/2013		X <u>(1)</u>		214	<u>(2)</u>	03/05/2018	Common	214

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# **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Lewis Clapper Caskie

55 NOD ROAD Chief Human Resources Officer

AVON, CT 06001

# **Signatures**

/s/ Caskie

Lewis-Clapper 06/03/2013

\*\*Signature of Reporting Date

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.
- (2) All of the stock options in this tranche have vested in full.
- (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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