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MAGELLA Form 4	N HEALTH INC										
March 17, 2									OMB AF	PROVAL	
FORM	UNITED	STATES		RITIES A			NGE CO	OMMISSION	OMB Number:	3235-0287	
Check this box if no longer									Expires:	January 31, 2005	
subject t Section Form 4 (F CHANGES IN BENEFICIAL OWN SECURITIES					ERSHIP OF	Estimated a burden hour response	verage			
Form 5 obligatio may con <i>See</i> Instr 1(b).	ons Section 17((a) of the F	Public U		lding Cor	npan	y Act of	Act of 1934, 1935 or Section)		0.0	
(Print or Type	Responses)										
Rubin Jonathan NSymbolMAC			Symbol	ıbol				5. Relationship of Reporting Person(s) to Issuer			
			MAGELLAN HEALTH INC [MGLN]					(Check all applicable)			
(Month/			e of Earliest Transaction h/Day/Year) 5/2015				Director 10% Owner Officer (give title Other (specify below) below) Chief Financial Officer				
	(Street)			endment, D onth/Day/Yea	-	ıl		6. Individual or Joi Applicable Line) _X_ Form filed by Ou Form filed by Mo	nt/Group Filin ne Reporting Per	g(Check rson	
AVON, CT		(7:)						Person			
(City)	(State)	(Zip)					-	ired, Disposed of,		-	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deeme Execution 1 any (Month/Da	Date, if	Code (Instr. 8)	4. Securit for Dispos (Instr. 3, 4 Amount	ed of (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	03/16/2015			X <u>(1)</u>		. ,	\$ 47.46	41,391	D		
Ordinary Common Stock, \$0.01 par value	03/16/2015			S <u>(1)</u>	21,270 (2)	D	\$ 66.5926 (2)	5 20,121	D		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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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. 5. Number of TransactiorDerivative Code Securities (Instr. 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)		8 1 5 (
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Option (right to buy)	\$ 47.46	03/16/2015		X <u>(1)</u>	21,270	(3)	03/05/2022	Common Stock	21,270	

Reporting Owners

Reporting Owner Name / Addres	s	Relationships						
	Director	10% Owner	Officer	Other				
Rubin Jonathan N 55 NOD ROAD AVON, CT 06001			Chief Financial Officer					
Signatures								
/s/ Jonathan N. Rubin	03/17/2015							

Explanation of Responses:

* If the form is filed by more than one reporting person, see Instruction 4(b)(v).

Date

- ** 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.

The number of securities reported represents an aggregate number of shares sold in multiple open market transactions at prices ranging from \$66.19 to \$67.18, inclusive. The price reported represents the weighted average price. The Reporting Person undertakes to provide

- (2) If our solution is solution in the site of the proceeding reported represents the weighted average price. The Reporting Person at each separate price within the range.
- (3) All of the stock options in this tranche have vested in full.
- (4) Not applicable.

**Signature of

Reporting Person

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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.