#### MAGELLAN HEALTH INC

Form 4 May 15, 2017

# FORM 4

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

Check this box

if no longer subject to Section 16. Form 4 or

Form 5

obligations

**SECURITIES** 

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

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 may continue. 30(h) of the Investment Company Act of 1940

1(b).

(Last)

1.Title of

Security

(Instr. 3)

(Print or Type Responses)

See Instruction

1. Name and Address of Reporting Person \*

DIAMENT MICHAEL

2. Issuer Name and Ticker or Trading

Symbol

MAGELLAN HEALTH INC [MGLN]

(First) (Middle) 3. Date of Earliest Transaction

(Month/Day/Year)

55 NOD ROAD

(Street)

05/13/2016 4. If Amendment, Date Original

Filed(Month/Day/Year)

AVON, CT 06001

2. Transaction Date 2A. Deemed

5. Relationship of Reporting Person(s) to

Issuer

below)

(Check all applicable)

**OMB APPROVAL** 

3235-0287

January 31,

2005

0.5

OMB

Number:

Expires:

response...

Estimated average

burden hours per

X\_ Director 10% Owner Officer (give title Other (specify

6. Individual or Joint/Group Filing(Check

Applicable Line)

\_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

Person

(City) (State)

(Zip)

(Month/Day/Year)

3. 4. Securities Execution Date, if TransactionAcquired (A) or Code

Disposed of (D) (Instr. 8) (Month/Day/Year) (Instr. 3, 4 and 5)

Code V Amount (D) Price

5. Amount of Owned

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

Securities Beneficially Following Reported

Transaction(s)

(Instr. 3 and 4)

6. Ownership Form: Direct (D) or Indirect Beneficial (I) (Instr. 4)

7. Nature of Indirect Ownership (Instr. 4)

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Conversion Security or Exercise

3. Transaction Date 3A. Deemed (Month/Day/Year)

Execution Date, if any

4. 5. Number Transaction of Derivative Expiration Date Code Securities

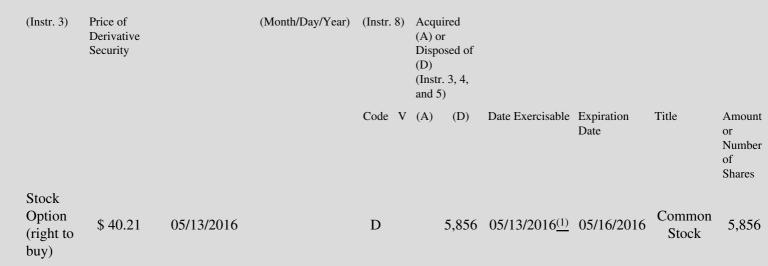
(A)

or

6. Date Exercisable and (Month/Day/Year)

7. Title and Amount of **Underlying Securities** (Instr. 3 and 4)

#### Edgar Filing: MAGELLAN HEALTH INC - Form 4



# **Reporting Owners**

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
DIAMENT MICHAEL 55 NOD ROAD AVON, CT 06001	X			

## **Signatures**

Reporting Person

/s/ Michael
Diament

\*\*Signature of

Date

### **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).
- The Stock options due to expire on May 16, 2016 were cashed out and the reporting person received a cash amount equal to 5,856 shares multiplied by the difference between the original exercise price of such options of \$40.21 and the closing price of \$65.51 per share of the Company's Common stock on NASDAQ on May 13, 2016.
- Price indicated is total cash amount of \$148,156.80 divided by the difference between the original exercise price of the stock options of \$40.21 and the closing price of \$65.51 per share of the Company's Common Stock on NASDAQ on May 13, 2016.

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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