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Rubin Jona Form 4 January 03,	2018						NGE GG		OMB AF	PROVAL	
	•• • UNITED	STATES					ANGE CC	OMMISSION	OMB Number:	3235-0287	
Check t if no los	nger	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES							Expires:	January 31, 2005	
subject Section Form 4	to SIAIE 16. or								Estimated average burden hours per response 0.5		
Form 5 obligations may continue. See Instruction 1(b). 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											
(Print or Type	Responses)										
Rubin Jonathan N Symbol			Symbol					5. Relationship of Reporting Person(s) to Issuer			
		MAGELLAN HEALTH INC [MGLN]					(Check all applicable)				
(Month			(Month/	Date of Earliest Transaction Ionth/Day/Year) 1/02/2018				Director 10% Owner X Officer (give title Other (specify below) below) Chief Financial Officer			
AVON, C	(Street) Γ 06001		4. If Am	endment, E onth/Day/Ye	-	al	A 	5. Individual or Joi Applicable Line) X_ Form filed by O Form filed by Mo Person	nt/Group Filin ne Reporting Pe	g(Check rson	
(City)	(State)	(Zip)	Tab	ole I - Non-	Derivative	Secu	rities Acqui	red, Disposed of,	or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Date, if	Code (Instr. 8)	4. Securit oror Dispos (Instr. 3, -	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	01/02/2018			X <u>(1)</u>	17,443		\$ 53.72	43,890	D		
Ordinary Common Stock, \$0.01 par value	01/02/2018			S <u>(1)</u>	17,443	D	\$ 96.0719 (2)	26,447	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.

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. Transactio Code (Instr. 8)	TransactiorDerivative Code Securities		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 Options (right to buy)	\$ 53.72	01/02/2018		X <u>(1)</u>	17,443	(3)(4)	11/02/2025	Common Stock	17,443	

Reporting Owners

Reporting Owner Name / Addre	ss	Relationships							
	Director	10% Owner	Officer	Other					
Rubin Jonathan N 55 NOD ROAD AVON, CT 06001			Chief Financial Officer						
Signatures									
/s/ Jonathan N. Rubin	01/03/2018								

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 \$95.15 to \$97.00, inclusive. The price reported represents the weighted average price. The Reporting Person undertakes to provide

- (2) If our \$55,15 to \$57,100, inclusive. The price 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)

**Signature of

Reporting Person

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Of the remainder of 53,850 options in this tranche, 30,086 are currently exercisable. The remainder of 23,764 options shall vest on November 2, 2018.

(5) 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.