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WEST JEFF	REY N											
Form 4												
March 09, 20												
FORM	14 _{UNITE}	ED STA	TES SE	CURIT	TIES AN	JD EXC	'HAI	NGE (COMMISSION		PPROVAL	
	UNII	DOIN	IES SE		ington, l			UL		OMB Number:	3235-0287	
Check this box											January 31,	
if no longer subject to STATEMENT OF				F CHANGES IN BENEFICIAL OWNERSHIP OF							2005 average	
Section 16.				S	ECURI	TIES				burden hours per		
Form 4 o Form 5	-	nurcuan	t to Sect	160	a) of the	Securiti	es Fr	zehano	e Act of 1934,	response	0.5	
obligation	¹⁸ Section	-						-	f 1935 or Sectio	n		
may cont <i>See</i> Instru	inue.		0(h) of t		•	•	• •					
1(b).												
(Print or Type F	Responses)											
1. Name and A	ddress of Report	ing Perso	n <u>*</u> 2.	Issuer Na	ame and T	Ficker or T	Fradin	g	5. Relationship of	Reporting Per	son(s) to	
WEST JEFFREY N			•	Symbol MAGELLAN HEALTH INC					Issuer			
									(Check all applicable)			
			-	GLN]								
(Last)	(First)	(Middle			arliest Tra	nsaction			Director X_ Officer (give		b Owner er (specify	
14100 MAGELLAN PLAZA 03/07/2 (Street) 4. If Am				Month/Day/Year))3/07/2018					below) below) SVP & Controller			
				If Amendment, Date Original ed(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line)			
					,				_X_ Form filed by (
MARYLAN									Person	Iore than One Re	eporting	
HEIGHTS,	MO 63043											
(City)	(State)	(Zip)		Table I	- Non-De	rivative S	ecuri	ties Acc	uired, Disposed of	f, or Beneficial	lly Owned	
1.Title of	2. Transaction				3.	4. Securi			5. Amount of	6. Ownership		
Security (Instr. 3)	(Month/Day/Y	(Month/Day/Year) Executi any			on Date, if TransactionAcquired (A) or Code Disposed of (D)				Securities Beneficially		Indirect Beneficial	
				Day/Year) (Instr. 8) (Instr. 3, 4 and 5)					Owned	Indirect (I) 0	Ownership	
									Following Reported	(Instr. 4)	(Instr. 4)	
							(A) or		Transaction(s)			
				(Code V	Amount	(D)	Price	(Instr. 3 and 4)			
Ordinary												
Common	02/07/2019			1	M (1)	2 556	٨	\$ 0 (2)	18,342	D		
Stock, \$0.01 par	03/07/2018			1	$M^{(1)}$	2,556	A	(2)	18,342	D		
value												
Ordinary												
Common								\$				
Stock,	03/07/2018				F <u>(3)</u>	773	D	104	17,569	D		
\$0.01 par								(4)				
value												

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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. Transacti Code (Instr. 8)	Transaction Derivative Code Securities		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. l De Sec (In
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Restricted Stock Units	\$ 0 <u>(2)</u>	03/07/2018		M <u>(1)</u>		1,783	03/05/2018	(2)	Common Stock	1,783	9

Reporting Owners

Relationships							
Director	10% Owner	Officer	Other				
		SVP & Controller					
	Director		Director 10% Owner Officer				

/s/ Jeffrey N. West <u>**Signature of</u> Reporting Person 03/09/2018 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).
- (1) This transaction was effectuated by the vesting of the Performance Stock Units granted on March 4, 2015. The number of shares that vested were based upon the achievement of total shareholder return over a 3 year period beginning 2015 and ending with 2018.
- (2) Not applicable.
- (3) Represents the portion of shares withheld by the Company in order to pay taxes.
- (4) Closing price on NASDAQ on March 7, 2018.

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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.