## Edgar Filing: WEST JEFFREY N - Form 4

WEST JEFF	FREY N										
Form 4											
March 06, 20	019										
FORM	14		C CE CUE			~~~ ^	NGEO		OMB AF	PROVAL	
	RITIES AND EXCHANGE CO shington, D.C. 20549				OMMISSION	OMB Number:	3235-0287				
if no long subject to Section 1 Form 4 c Form 5	Section 16. Form 4 or Form 5 Filed pursuant to Section 16				GES IN BENEFICIAL OWNER SECURITIES 6(a) of the Securities Exchange Ac				Expires: Estimated a burden hou response	-	
obligatio may cont <i>See</i> Instr 1(b).	tinue. Section 1		Public Ut ) of the In	•	•	· ·		1935 or Section 0	1		
(Print or Type l	Responses)										
1. Name and Address of Reporting Person <u>*</u> WEST JEFFREY N			Symbol	2. Issuer Name <b>and</b> Ticker or Trading Symbol MAGELLAN HEALTH INC				5. Relationship of Reporting Person(s) to Issuer			
			[MGLN			Î		(Check all applicable)			
(Mor			(Month/D	3. Date of Earliest Transaction Month/Day/Year) )3/05/2019				Director 10% Owner Officer (give title Other (specify below) below) SVP & Controller			
MARYLAN HEIGHTS,				ndment, Dat hth/Day/Year)	-			6. Individual or Jo Applicable Line) _X_ Form filed by C Form filed by M Person	One Reporting Pe	rson	
(City)	(State)	(Zip)	<i>(</i> <b>1</b> )	IN D	• .• .• .	~	• .• .				
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deer Execution any			n Date, if Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5)			cquired d of (D)	5. Amount of Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect		
				Code V	Amount	(A) or (D)	Price	Reported (Instr. 4) Transaction(s) (Instr. 3 and 4) ce			
Ordinary Common Stock, \$0.01 par value	03/05/2019			M <u>(1)</u>	839	A	\$ 0 <u>(2)</u>	20,424	D		
Ordinary Common Stock, \$0.01 par	03/05/2019			F <u>(3)</u>	249	D	\$ 66.57 (4)	20,175	D		

value

#### Edgar Filing: WEST JEFFREY N - Form 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 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. Transactic Code (Instr. 8)	5. Number proof Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercis Expiration Dat (Month/Day/Y	e	7. Title and A Underlying S (Instr. 3 and	Securities	8. Pri Deriv Secu (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Restricted Stock	\$ 0 <u>(2)</u>	03/05/2019		M <u>(1)</u>	839	03/05/2019	(2)	Common Stock	839	\$ (

# **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
WEST JEFFREY N 14100 MAGELLAN PLAZA MARYLAND HEIGHTS, MO 63043			SVP & Controller				
Signatures							

/s/ Jeffrey N. West	03/06/2019			
<u>**</u> Signature of Reporting Person	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).
- This transaction was effectuated by a one-third vesting of the Restricted Stock Unit Award granted on March 5, 2018. Each Restricted (1)Stock Unit represents a contingent right to receive one share of Magellan common stock.
- (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 5, 2019.

### Edgar Filing: WEST JEFFREY N - Form 4

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.