Edgar Filing: MAGELLAN HEALTH SERVICES INC - Form 4/A

MACELLA			NG								
MAGELLA Form 4/A June 15, 200	N HEALTH SER 5	VICES I	NC								
FORM	14									PPROVAL	
	UNITED	UNITED STATES SECURITIES AND EXCHANGE COMMISSI Washington, D.C. 20549							OMB Number:	3235-0287	
Check th if no long subject to Section 1 Form 4 c	er STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF 6. SECURITIES								Expires: Estimated a burden hou response	rs per	
Form 5 obligatio may cont <i>See</i> Instr 1(b).	ns Section 17(a) of the		ility Hold	ling Com	pany	Act of	e Act of 1934, f 1935 or Sectio 40			
(Print or Type]	Responses)										
1. Name and Address of Reporting Person <u>*</u> SHULMAN STEVEN J			2. Issuer Name and Ticker or Trading Symbol				2	5. Relationship of Reporting Person(s) to Issuer			
			MAGELLAN HEALTH SERVICES INC [MGLN]					(Check all applicable)			
SERVICES	(First) (1 CLLAN HEALTH , INC., 16 MUNS		3. Date of (Month/D 03/14/20	-	ansaction			_X_ Director _X_ Officer (give below) Chai		o Owner er (specify	
				endment, Date Original nth/Day/Year) 005				 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 			
		(Zin)						Person			
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	ecurit	ies Acq	uired, Disposed of	f, or Beneficial	lly Owned	
1.Title of Security (Instr. 3)	any		emed on Date, if Day/Year)	3. Transactio Code (Instr. 8)	Transaction(A) or Disposed of Code (D)			Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Ordinary				Code V	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)			
Common Stock, \$0.01 par value ⁽¹⁾	03/14/2005			А	14,507 (2)	A	\$ 0 (3)	206,884	D		

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

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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)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Date	Amo Unde Secur	tle and unt of vrlying rities : 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		
Repo	rting O	wners									
	Described O	NT			Rela	tionships					

reporting of the Function and	Director	10% Owner	Officer	Other
SHULMAN STEVEN J C/O MAGELLAN HEALTH SERVICES, INC. 16 MUNSON ROAD FARMINGTON, CT 06032	Х		Chairman and CEO	
Signatures				

Explanation of Responses:

Reporting Owner Name / Address

- * 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) Stock bonus granted pursuant to the Company's Management Incentive Plan.
- An arithemetic error was made in the calculation of the number of shares as reported as awarded to Mr. Shulman as part of this grant of restricted stock and this amendment corrects that error, which was based on using the wrong day's closing price in determining the number of shares actually approved by the Compensation Committee of the Board of Directors on March 14, 2005 to be granted to him.
- $(3) \qquad \qquad \begin{array}{l} \text{The zero ("0") in this column is a "dummy" amount, solely for the purpose of permitting the use of the following explanation: No price was applicable to the acquisition of this security.} \end{array}$

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.