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MAGELLAN HEALTH SERVICES INC

Form 4/A June 04, 2008

FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 Check this box

OMB APPROVAL

OMB 3235-0287 Number: January 31, Expires:

2005

Estimated average burden hours per response... 0.5

5. Relationship of Reporting Person(s) to

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

obligations may continue. See Instruction

if no longer

subject to

Section 16.

Form 4 or

Form 5

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

2. Issuer Name and Ticker or Trading

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person *

GREGOIRE DANIEL N			Symbol MAGELLAN HEALTH SERVICES					/ICES	Issuer (Check all applicable)			
	INC [M	GLN]					(Спеск ан аррисаоте)					
(Last)	(First)	(Middle)		3. Date of Earliest Transaction					Director 10% Owner X Officer (give title Other (specify			
55 NOD ROAD				(Month/Day/Year) 03/03/2008					below) General Counsel and Secretary			
	(Street)	4. If Ame	4. If Amendment, Date Original					6. Individual or Joint/Group Filing(Check				
		Filed(Mor	•	ear))			Applicable Line) _X_ Form filed by One Reporting Person				
AVON, CT	03/03/2	03/05/2008					Form filed by More than One Reporting Person					
(City)	(State) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned											
1.Title of Security (Instr. 3)	any		emed on Date, if Day/Year)	Code	Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8)				5. Amount of Securities Beneficially Owned Following Reported	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	03/03/2008(1)			M(2)		821	A	\$ 0 (3)	2,589	D		
Ordinary Common Stock, \$0.01 par value	03/03/2008			F(4)		258	D	\$ 41.98	2,331	D		

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

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SEC 1474 (9-02)

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)	4. Transact Code (Instr. 8)	Derivative	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Pr Deri Secu (Inst
			Code V	7 (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Restricted Stock Units	\$ 0 (3)	03/03/2008	M(2)	821	03/02/2008	<u>(5)</u>	Common Stock	821	9

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

GREGOIRE DANIEL N 55 NOD ROAD AVON, CT 06001

General Counsel and Secretary

Signatures

/s/ Daniel N
Gregoire

**Signature of Date

Reporting Person

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) Restricted Stock Units vested on March 2, 2008 but were issued on March 3, 2008.
- This transaction was effectuated by a one-third vesting of the Restricted Stock Unit Award granted on March 2, 2007. Each Restricted Stock Unit represents a contingent right to receive one share of Magellan common stock.
- (3) No price was applicable to the acquisition of this security.
- (4) Represents the portion of shares which the Company determined to settle in cash to pay applicable tax withholding.

Reporting Owners 2

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- (5) Not applicable.
- (6) The remainder of 1,640 shares shall vest on March 2, of each of 2009 and 2010.

Remarks:

Form 4/A filed for the purpose of correcting an error that incorrectly reported the total number of shares owned following the 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.