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MAGELLAN Form 4	NHEALTH IN	NC											
June 25, 2015										OMB A	PPROVAL		
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549										OMB Number:	3235-0287		
Check this if no long	or						CTA			Expires:	January 31, 2005		
subject to Section 16 Form 4 or Form 5		SECU	JRI	TIES			NERSHIP OF	Estimated average burden hours per response					
obligation may conti <i>See</i> Instru 1(b).	nue. Section	7(a) of the		ility H	oldi	ing Com	pany	Act o	ge Act of 1934, f 1935 or Section 40	n			
(Print or Type R	esponses)												
1. Name and Address of Reporting Person <u>*</u> Rubin Jonathan N			Symbol	2. Issuer Name and Ticker or Trading Symbol MAGELLAN HEALTH INC [MGLN]						5. Relationship of Reporting Person(s) to Issuer			
		(Check all applicable)											
(Mor				3. Date of Earliest Transaction Month/Day/Year))6/23/2015					Director 10% Owner X Officer (give title Other (specify below) below) Chief Financial Officer				
AVON, CT ((Street)		4. If Amer Filed(Mont			e Original			6. Individual or Jo Applicable Line) _X_ Form filed by 0 Form filed by M	One Reporting Po	erson		
(City)	(State)	(Zip)			n	• • •			Person				
1.Title of Security (Instr. 3)	2. Transaction	Transaction Date 2A. Deemed Month/Day/Year) Execution Date, if any		(Instr. 8) (Instr. 3, 4 and 5)					5. Amount of Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial		
Ordinary Common Stock, \$0.01 par value	06/23/2015			X <u>(1)</u>		324	A		20,445	D			
Ordinary Common Stock, \$0.01 par value	06/23/2015			S <u>(1)</u>		324	D	\$ 73	20,121	D			

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

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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)	tionof Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Pri Deriv Secur (Instr
				Code V	(A) (E	D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Option (right to buy)	\$ 53	06/23/2015		X <u>(1)</u>	32	24	(2)	03/05/2023	Common Stock	324	\$ C

Reporting Owners

Reporting Owner Name / Address	Relationships							
L O	Director	10% Owner	Officer	Other				
Rubin Jonathan N 55 NOD ROAD AVON, CT 06001			Chief Financial Officer					
Signatures								

/s/ Jonathan N. Rubin <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).
- (1) This transaction was effectuated pursuant to a Rule 10b-5-1 Plan.
- (2) Of the 60,513 stock options remaining, 40,234 are currently vested and exercisable. The remainder of 20,279 options shall vest on March 5, 2016.
- (3) 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.

Reporting Owners

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