MAGELLAN HEALTH INC

Form 4

Common

December 02, 2016

EODM 4						OMB APPROVAL					
	FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMB Number:	3235-0287		
Check th								Expires:	January 31,		
Section 16. Form 4 or		ENT OF CHAI	SECUR	ITIES			Estimated average burden hours per response 0.				
Form 5 obligations may continue. See Instruction 1(b). 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											
(Print or Type Responses)											
Rubin Jonathan N Symbo			er Name and			ng	5. Relationship of Reporting Person(s) to Issuer				
	MAGE [MGL]	ELLAN HI N]	EALTH	INC		(Check all applicable)					
(Last)		of Earliest Tr Day/Year)	ansaction			Director 10% Owner Other (specify below)					
55 NOD RO	DAD	12/01/2	2016					Financial Office	er		
AVON, CT	endment, Date Original nth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(State)	(Zip) Tak	ole I - Non-D	erivative	Secur	rities Acq	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Month/Day/Year) 2A. Deemed Execution Date, if any (Month/Day/Year)			ispose 4 and	equired ed of (D) 5)	5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)			
					(A) or		Transaction(s)				
Ordinary Common			Code V	Amount	(D)	Price	(Instr. 3 and 4)				
Stock, \$0.01 par value	12/01/2016		X <u>(1)</u>	1,150	A	\$ 53	21,271	D			
Ordinary Common Stock, \$0.01 par value	12/01/2016		S <u>(1)</u>	250	D	\$ 73	21,021	D			
Ordinary	12/01/2016		S <u>(1)</u>	100	D	\$	20,921	D			

73.05

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Stock, \$0.01 par value						
Ordinary Common Stock, \$0.01 par value	12/01/2016	S <u>(1)</u>	200	D	\$ 20,721	D
Ordinary Common Stock, \$0.01 par value	12/01/2016	S <u>(1)</u>	100	D	\$ 20,621	D
Ordinary Common Stock, \$0.01 par value	12/01/2016	S <u>(1)</u>	300	D	\$ 20,321	D
Ordinary Common Stock, \$0.01 par value	12/01/2016	S <u>(1)</u>	100	D	\$ 73.4 20,221	D
Ordinary Common Stock, \$0.01 par value	12/01/2016	S <u>(1)</u>	100	D	\$ 20,121	D

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.

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	2.	3. Transaction Date	3A. Deemed	4. 5. Number		6. Date Exerc	cisable and	7. Title and Amount of		8. I	
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction Derivative		Expiration D	ate	Underlying Securities		Dei	
Security	or Exercise		any	Code Securities		(Month/Day/	Year)	(Instr. 3 and 4)		Sec	
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8) A	Acquired					
	Derivative				(.	(A) or					
	Security				Γ	Disposed of					
					(!	(D)					
					(.	(Instr. 3, 4,					
					a	and 5)					
				Code	V (.	(A) (D)	Date Exercisable	Expiration Date	Title	Amount	

Number of Shares

Stock

Option (right to \$53 12/01/2016 $X_{\underline{(1)}}$ 1,150 $\underline{(2)}$ 03/05/2023 Common Stock 1,150

buy)

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Rubin Jonathan N 55 NOD ROAD

Chief Financial Officer

AVON, CT 06001

Signatures

/s/ Jonathan N. 12/02/2016 Rubin

**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) This transaction was effectuated pursuant to a Rule 10b-5-1 Plan.
- (2) All of the stock options in this tranche have vested in full.
- (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. 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.

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