### Edgar Filing: MAGELLAN HEALTH SERVICES INC - Form 4

#### MAGELLAN HEALTH SERVICES INC

Form 4

value

Ordinary

Common

11/06/2013

November 07, 2013

FORM 4 LINITED STATES SECUL									OMB APPROVAL		
	UNITED	STATES		RITIES Anshington			ANGE CO	OMMISSION	OMB Number:	3235-0287	
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).  STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP SECURITIES  SECURITIES  Filed pursuant to Section 16(a) of the Securities Exchange Act of 19 Section 17(a) of the Public Utility Holding Company Act of 1935 or S 30(h) of the Investment Company Act of 1940						Act of 1934, 935 or Section	Expires: Estimated a burden hour response	_			
(Print or Type	Responses)										
LERER RENE Symbol				ELLAN HEALTH SERVICES				5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)			
				Day/Year)				_X Director 10% Owner Officer (give titleX Other (specify below)			
AVON, CT 06001				onth/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			
		_			Derivative	Secu	rities Acqui	red, Disposed of,			
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deem Execution any (Month/D	Date, if	Code (Instr. 8)	4. Securit or Dispos (Instr. 3, 4)	ed of 4 and 3 (A) or		5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Ordinary Common Stock, \$0.01 par value	11/05/2013			X(1)			\$ 38.52	94,362	D		
Ordinary Common Stock, \$0.01 par	11/05/2013			S <u>(1)</u>	10,273	D	\$ 59.1429	84,089	D		

 $X^{(1)}$ 

86,500 A \$38.52 170,589

D

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Stock, \$0.01 par value

Ordinary Common

\$0.01 par

Stock, 11/06/2013 S(1) 86,500 D

59.2871 84,089

D

(9-02)

value

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 required to respond unless the form displays a currently valid OMB control

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. 5. Number of TransactionDerivative Code Securities (Instr. 8) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option (right to buy)	\$ 38.52	11/05/2013		X(1)	10,273	<u>(4)</u>	02/24/2016	Common	10,273
Stock Option (right to buy)	\$ 38.52	11/06/2013		X <u>(1)</u>	86,500	<u>(4)</u>	02/24/2016	Common	86,500

# **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
LERER RENE							
55 NOD ROAD	X			Chairman of the Board			
AVON, CT 06001							

2 Reporting Owners

Dolotionchine

### **Signatures**

/s/ Rene Lerer 11/07/2013

\*\*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) Price shown is the average sale price for the transaction. Please see Exhibit 99.1 for a complete breakdown of the average sale price.
- (3) Price shown is the average sale price for the transaction. Please see Exhibit 99.2 for a complete breakdown of the average sale price.
- (4) All options in this tranche have vested and are fully exercisable.
- (5) 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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