Edgar Filing: MAGELLAN HEALTH SERVICES INC - Form 4

MAGELLAN HEALTH SERVICES INC

Form 4

December 06, 2010

FORM	N /								OMB AF	PPROVAL
I Oniv	UNITED S	STATES S		SITIES A			NGE C	COMMISSION	OMB Number:	3235-0287
Check this box								Expires:	January 31,	
if no long subject to Section 1 Form 4 o	6. SIAIE NI	CHAN	GES IN SECUR		NERSHIP OF	Estimated average burden hours per response 0				
Form 5 obligatio may cont <i>See</i> Instruction 1(b).	ns Section 17(a	a) of the Pu	blic Ut		ding Con	npany	y Act of	e Act of 1934, 1935 or Section 0	·	
(Print or Type I	Responses)									
1. Name and A WEST JEFI	Address of Reporting F FREY N	Sy M	ymbol IAGEI	Name and				5. Relationship of Issuer (Check	Reporting Pers	
		11	NC [M	GLNJ				·	**	,
			3. Date of Earliest Transaction (Month/Day/Year) 12/02/2010					DirectorX Officer (give below)		Owner er (specify
	(Street)			ndment, Da hth/Day/Year	_	l		6. Individual or Jo Applicable Line) _X_ Form filed by C	int/Group Filin	
MARYLAN HEIGHTS,								Form filed by M Person	Iore than One Re	porting
(City)	(State)	(Zip)	Table	e I - Non-D	Derivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year) 2A. Deemed Execution Date, if any (Month/Day/Year)		ate, if	3. Transactio Code (Instr. 8)	Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) General Benefit Owned (Instr. 8) (A) Or Transaction(A) or Disposed of (D) Benefit Owned Report Transaction(A)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	
				Code V	Amount	(D)	Price	(Instr. 3 and 4)		
Ordinary Common Stock, \$0.01 par value	12/02/2010			X <u>(1)</u>	498	A	\$ 38.21	4,758	D	
Ordinary Common Stock, \$0.01 par value	12/03/2010			X <u>(1)</u>	2,662	A	\$ 38.21	7,420	D	
	12/02/2010			S(1)	498	D		6,922	D	

Edgar Filing: MAGELLAN HEALTH SERVICES INC - Form 4

Ordinary Common Stock, \$0.01 par value					\$ 49.75		
Ordinary Common Stock, \$0.01 par value	12/03/2010	S <u>(1)</u>	2,662	D	\$ 49.75	4,260	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 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 Transaction Derivative 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)		8. l De Sec (In
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Option (right to buy)	\$ 38.21	12/02/2010		X(1)	498	(3)	03/20/2016	Common Stock	498	\$
Stock Option (right to buy)	\$ 38.21	12/03/2010		X(1)	2,662	(3)	03/20/2016	Common Stock	2,662	\$

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
WEST JEFFREY N			SVP & Controller					
14100 MAGELLAN PLAZA								

Reporting Owners 2

Edgar Filing: MAGELLAN HEALTH SERVICES INC - Form 4

MARYLAND HEIGHTS, MO 63043

Signatures

/s/ Jeffrey N. 12/06/2010 West

**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) Not applicable.
- (3) All stock options in this tranche have vested and are currently exercisable.

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.

Signatures 3