MAGELLAN HEALTH SERVICES INC

Form 4 June 04, 2013

FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION **OMB** 3235-0287 Washington, D.C. 20549 Number: Check this box January 31, Expires: if no longer 2005 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF subject to Estimated average **SECURITIES** Section 16. burden hours per Form 4 or response... 0.5 Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940 See Instruction 1(b). (Print or Type Responses) 1. Name and Address of Reporting Person * 5. Relationship of Reporting Person(s) to 2. Issuer Name and Ticker or Trading Lewis Clapper Caskie Issuer Symbol MAGELLAN HEALTH SERVICES (Check all applicable) INC [MGLN] (Last) (First) (Middle) 3. Date of Earliest Transaction Director 10% Owner Other (specify _X__ Officer (give title (Month/Day/Year) below) 55 NOD ROAD 06/03/2013 Chief Human Resources Officer (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Filing(Check Filed(Month/Day/Year) Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting AVON, CT 06001 Person of

(City)	(State)	(Zip) Tabl	le I - Non-I	Derivative S	Securi	ities Acqu	iired, Disposed of	f, 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)	3. Transaction Code (Instr. 8)	, , ,		5. Amount of 6. Securities Ownership Beneficially Form: Director (D) or Following Indirect (I) Reported (Instr. 4) Transaction(s)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Ordinary Common Stock, \$0.01 par value	06/03/2013		Code V X(1)	Amount 18,497	(D)	Price \$ 41.47	(Instr. 3 and 4) 31,769	D	
Ordinary Common Stock, \$0.01 par value	06/03/2013		X(1)	24,902	A	\$ 42.75	56,671	D	
Ordinary Common	06/03/2013		S(1)	43,399	D	\$ 55	13,272	D	

OMB APPROVAL

Stock, \$0.01 par value

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.

Date

(D)

24,902

Exercisable

(2)

Expiration

Date

Title

03/03/2020 Common 24,902

SEC 1474

(9-02)

Amount

Number

of Shares

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount of	8
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	orDerivative	Expiration Date	Underlying Securities	I
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)	5
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Acquired (A)			(
	Derivative				or Disposed of			
	Security				(D)			
					(Instr. 3, 4,			
					and 5)			

(e.g., puts, calls, warrants, options, convertible securities)

Stock Option (right to buy)	\$ 41.47	06/03/2013	X <u>(1)</u>	18,497	(2)	03/05/2018	Common	18,497
Stock								

 $\mathbf{X}^{(1)}$

Code V (A)

Option (right to buy)

Reporting Owners

\$ 42.75

Reporting Owner Name / Address	Relationships
Reput ting Owner Maine / Address	

06/03/2013

Director 10% Owner Officer Other

Lewis Clapper Caskie 55 NOD ROAD AVON, CT 06001

Chief Human Resources Officer

Signatures

/s/ Caskie

Lewis-Clapper 06/04/2013

**Signature of Reporting Person Date

Reporting Owners 2

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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.