#### MAGELLAN HEALTH INC

Form 4 March 03, 2017

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

Check this box STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

if no longer subject to Section 16. Form 4 or Form 5 obligations

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

2. Issuer Name and Ticker or Trading

**SECURITIES** 

See Instruction 1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person \*

may continue.

SMITH BARRY M Symbol MAGELLAN HEALTH INC (Check all applicable) [MGLN] (Last) (First) (Middle) 3. Date of Earliest Transaction \_X\_\_ Director 10% Owner X\_ Officer (give title Other (specify (Month/Day/Year) below) below) 55 NOD ROAD 02/24/2017 Chief Executive 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 (City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 1.Title of 2. Transaction Date 2A. Deemed 3. 4. Securities Acquired 5. Amount of 6. Ownership 7. Nature of Security (Month/Day/Year) Execution Date, if Transaction(A) or Disposed of (D) Securities Form: Direct Indirect (Instr. 3) Code (Instr. 3, 4 and 5) Beneficially (D) or Beneficial Indirect (I) Ownership (Month/Day/Year) (Instr. 8) Owned Following (Instr. 4) (Instr. 4) Reported (A) Transaction(s) (Instr. 3 and 4) Amount (D) Price Ordinary Common \$0  $M^{(1)}$ Stock, 02/24/2017 12,671 36,235 D \$0.01 par value **Ordinary** Common  $F^{(3)}$ 75.8 Stock, 02/24/2017 3,803 D 32,432 D (4) \$0.01 par value

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

**OMB APPROVAL** 

3235-0287

January 31,

2005

0.5

OMB

Number:

Expires:

response...

5. Relationship of Reporting Person(s) to

Issuer

Estimated average

burden hours per

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

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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. N	umber of	6. Date Exercis	sable and	7. Title and A	Amount of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	TransactionDerivative		Expiration Date		Underlying Securities		
Security	or Exercise		any	Code		irities	(Month/Day/Y	ear)	(Instr. 3 and	4)
(Instr. 3)	Price of Derivative		(Month/Day/Year)	(Instr. 8)		uired (A) pisposed of				
	Security				(D)	isposed of				
	50001109					tr. 3, 4,				
					and	5)				
							Date Exercisable	Expiration Date	Title	Amount or Number
				Code V	(A)	(D)	2/10/10/10/10	Zuit		of Shares
Restricted Stock	\$ 0 (2)	02/24/2017		M <u>(1)</u>		12,671	02/24/2017	(2)	Common Stock	12,671
Units									Stock	

## **Reporting Owners**

Donouting Owner Name / Adduces	Relationships
Reporting Owner Name / Address	

Director 10% Owner Officer Other

SMITH BARRY M

55 NOD ROAD X Chief Executive Officer

AVON, CT 06001

# **Signatures**

/s/ Barry M. 03/03/2017 Smith

\*\*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 represents the vesting of 10,137 shares postponed from 2016 and 50% of the shares scheduled to vest in 2017. Each Restricted Stock Unit represents a contingent right to receive one share of Magellan common stock.
- (2) Not applicable.
- (3) Represents the portion of shares withheld by the Company in order to pay taxes.
- (4) Closing price on NASDAQ on February 1, 2017.

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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