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

MAGELLA Form 4 June 16, 20	N HEALTH SE	RVICES I	NC								
FORM	ЛЛ								OMB AF	PPROVAL	
	/I 🕂 UNITED	<b>STATES</b>		RITIES A shington			ANGE CO	OMMISSION	OMB Number:	3235-0287	
Check the check	aar			C					Expires:	January 31,	
subject Section Form 4	to STATE 16. or	STATEMENT OF CHANGES IN BENEFICIAL OWNERSE SECURITIES								2005 average rs per 0.5	
Form 5 obligation may cor <i>See</i> Inst 1(b).	ons Section 17	(a) of the	Public U	tility Hol	ding Co	mpar	•	Act of 1934, 1935 or Section	I		
(Print or Type	Responses)										
1. Name and . Blasi Tina	Address of Reportin	g Person <u>*</u>	Symbol	er Name <b>an</b> e LLAN H				5. Relationship of I Issuer			
			INC [N	IGLN]				(Check all applicable)			
(Last)	(First)	(Middle)		of Earliest Transaction				Director 10% Owner X Officer (give title Other (specify			
6950 COLU DRIVE	UMBIA GATEW	VAY	06/12/2	Day/Year) 2014				pelow)	below) onal Imaging A		
COLUMB	(Street) IA, MD 21046			endment, D nth/Day/Yea	-	al		5. Individual or Joi Applicable Line) _X_ Form filed by O Form filed by M	ne Reporting Pe	rson	
(City)	(State)	(Zip)	Tah	le I - Non-l	Derivativa	Secu		Person ired, Disposed of,	or Beneficial	lv Owned	
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date, any (Month/Day/Year)			ned 1 Date, if	Code (Instr. 3, 4 and 5) (Instr. 8) (A) or			cquired (A) (D) 5)	· • ·	of 6. 7. Nature of Ownership Indirect Form: Beneficial Direct (D) Ownership or Indirect (Instr. 4) (I) (s) (Instr. 4)		
Ordinary Common Stock, \$0.01 par value	06/12/2014			X <u>(1)</u>		(D) A	Price \$ 49.1	16,775	D		
Ordinary Common Stock, \$0.01 par value	06/12/2014			S <u>(1)</u>	8,422	D	\$ 62.0382 (2)	8,353	D		
	06/13/2014			<b>X</b> (1)	1,825	А	\$ 49.1	10,178	D		

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Ordinary Common Stock, \$0.01 par value							
Ordinary Common Stock, \$0.01 par value	06/13/2014	S <u>(1)</u>	1,825	D	\$ 62.0036 ( <u>3)</u>	8,353	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.

# 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)	4. Transactio Code (Instr. 8)	5. Number 6. Date Exercisable and ionof Derivative Expiration Date Securities (Month/Day/Year) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		(Instr. 3 and 4)		8. De Se (It	
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Option (right to buy)	\$ 49.1	06/12/2014	X <u>(1)</u>	8,422	<u>(4)</u>	03/03/2021	Common	8,422	
Ordinary Common Stock (right to buy)	\$ 49.1	06/13/2014	X <u>(1)</u>	1,825	<u>(4)</u>	03/03/2021	Common	1,825	

### **Reporting Owners**

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
			CEO, National Imaging Assoc.					

Blasi Tina 6950 COLUMBIA GATEWAY DRIVE COLUMBIA, MD 21046

## Signatures

/s/ Tina Blasi

06/16/2014

<u>\*\*</u>Signature of Reporting Person Date

### **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 reflected is the average sale price. For a complete breakdown of the average sale price, please see Exhibit 99.1.
- (3) Price reflected is the average sale price. For a complete breakdown of the average sale price, please see Exhibit 99.2.
- (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.