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

MAGELLAN HEALTH SERVICES INC Form 4 December 03, 2013

December 0	3, 2013								
FORM	14 UNITED (	STATES SECU	DITIES A	ND EV	<b>TT A</b> 1	NCEC	OMMERION		PROVAL
					01/11/11/05101	OMB Number:	3235-0287		
Washington, D.C. 20549Check this box if no longer subject to Section 16.STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF 								Expires: January Estimated average burden hours per response	
(Print or Type	Responses)								
1. Name and A LERER RE	Address of Reporting I	Symbol	r Name and LLAN HI IGLN]			-	5. Relationship of Issuer (Checl	Reporting Pers	
(Last)		f Earliest Tı Day/Year) 2013	ransaction			X Director10% Owner Officer (give titleX Other (specify below) Chairman of the Board			
AVON OT	(Street)		endment, Da nth/Day/Year	-			6. Individual or Jo Applicable Line) _X_ Form filed by C Form filed by M	one Reporting Pe	rson
AVON, CT	06001						Person		porting
(City)	(State)	(Zip) Tab	le I - Non-E	Derivative	Securi	ties Acqu	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)	Code (Instr. 8)	4. Securit on(A) or Dis (Instr. 3, 4) Amount	sposed	of (D)	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	11/29/2013		X <u>(1)</u>	32,000		\$ 40.63	116,089	D	
Ordinary Common Stock, \$0.01 par value	11/29/2013		S <u>(1)</u>	6,500	D	\$ 61.26	109,589	D	
Ordinary Common	11/29/2013		S <u>(1)</u>	13,500	D	\$ 61.25	96,089	D	

Stock, \$0.01 par value							
Ordinary Common Stock, \$0.01 par value	11/29/2013	S <u>(1)</u>	10,000	D	\$ 61.4	86,089	D
Ordinary Common Stock, \$0.01 par value	11/29/2013	S <u>(1)</u>	1,500	D	\$ 61.41	84,589	D
Ordinary Common Stock, \$0.01 par value	11/29/2013	S <u>(1)</u>	500	D	\$ 61.42	84,089	D
Ordinary Common Stock, \$0.01 par value	12/02/2013	X <u>(1)</u>	4,000	A	\$ 60.89	88,089	D
Ordinary Common Stock, \$0.01 par value	12/02/2013	S <u>(1)</u>	2,500	D	\$ 61.2	85,589	D
Ordinary Common Stock, \$0.01 par value	12/02/2013	S <u>(1)</u>	500	D	\$ 61.16	85,089	D
Ordinary Common Stock, \$0.01 par value	12/02/2013	S <u>(1)</u>	1,000	D	\$ 61.15	84,089	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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. 5. Number of TransactiorDerivative 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 II S (
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Option (right to buy)	\$ 40.63	11/29/2013		X <u>(1)</u>	32,000	(2)	03/02/2017	Common	32,000	
Stock Option (right to buy)	\$ 40.63	12/02/2013		X <u>(1)</u>	4,000	(2)	03/02/2017	Common	4,000	

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## **Reporting Owners**

Reporting Owner Name / Addre	288	Relationships							
Treporting of the real of the		10% Owner	Officer	Other					
LERER RENE 55 NOD ROAD AVON, CT 06001	Х			Chairman of the Board					
Signatures									
/s/ Rene Lerer	12/03/2013								

## **Explanation of Responses:**

\* If the form is filed by more than one reporting person, *see* Instruction 4(b)(v).

Date

- \*\* 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 options in this tranche have vested and are fully exercisable.
- (3) Not applicable.

\*\*Signature of

Reporting Person

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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