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Rubin Jona Form 4 January 04, FORN	2018								OMB AF	PROVAL	
	UNITED	STATES					ANGE CC	OMMISSION	OMB Number:	3235-0287	
Check t if no los	nger	er							Expires:	January 31, 2005	
subject Section Form 4	to SIAIEI 16. or	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES							Estimated average burden hours per response 0.5		
Form 5 obligations may continue. See Instruction 1(b). 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											
(Print or Type	e Responses)										
Rubin Jonathan N Symbol							5. Relationship of Reporting Person(s) to Issuer				
		MAGELLAN HEALTH INC [MGLN]					(Check all applicable)				
(Mont			(Month/	. Date of Earliest Transaction Month/Day/Year) 01/03/2018				Director 10% Owner X Officer (give title Other (specify below) below) Chief Financial Officer			
AVON, C	(Street) Γ 06001		4. If Am	endment, D onth/Day/Ye	-	al	A 	5. Individual or Joi Applicable Line) X_ Form filed by O Form filed by M Person	nt/Group Filin ne Reporting Pe	g(Check rson	
(City)	(State)	(Zip)	Tab	le I - Non-	Derivative	Secu	rities Acqui	red, Disposed of,	or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Date, if	Code (Instr. 8)	4. Securit or Dispos (Instr. 3, -	ed of		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	01/03/2018			X <u>(1)</u>	30,086		\$ 53.72	56,533	D		
Ordinary Common Stock, \$0.01 par value	01/03/2018			S <u>(1)</u>	30,086	D	\$ 96.1586 (2)	26,447	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. Transactic Code (Instr. 8)	TransactionDerivative Code Securities		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Options (right to buy)	\$ 53.72	01/03/2018		X <u>(1)</u>	30,086	<u>(3)</u>	11/02/2025	Common Stock	30,086	

Reporting Owners

Reporting Owner Name / Addre	Relationships						
	Director	10% Owner	Officer	Other			
Rubin Jonathan N 55 NOD ROAD AVON, CT 06001			Chief Financial Officer				
Signatures							
/s/ Jonathan N. Rubin	01/04/2018						

<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.

The number of securities reported represents an aggregate number of shares sold in multiple open market transactions at prices ranging from \$94.35 to \$97.35, inclusive. The price reported represents the weighted average price. The Reporting Person undertakes to provide

- (2) If our system systems in the price reported represents the weighted average price. The Reporting Person at each separate price within the range.
- (3) The remainder of 23,764 options shall vest on November 2, 2018.
- (4) Not applicable.

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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.