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MAGELLAN HEALTH SERVICES INC

Form 4 June 17, 2005

FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 Check this box if no longer subject to Section 16. STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF Estimate burden here.

Expires: January 31, 2005

3235-0287

OMB APPROVAL

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Form 5 obligations may continue. See Instruction

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

1(b).

(Print or Type Responses)

Form 4 or

WEST JEFFREY N Symbol MAC			Issuer Name and Ticker or Trading mbol AGELLAN HEALTH SERVICES C [MGLN]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) 14100 MA	(First) (M	(Mo	nte of Earliest 7 nth/Day/Year) 6/2005	ransaction			Director 10% Owner Officer (give title Other (specify below) SVP & Controller			
MARYLAI HEIGHTS,		Amendment, D (Month/Day/Yea	_	al		6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(State) (2	Zip)	Гable I - Non-	Derivative	Secui	rities Acq	uired, Disposed o	of, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Dat any (Month/Day/Y	Code ear) (Instr. 8)	4. Securion(A) or E (Instr. 3	oispose , 4 and (A) or	ed 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)		
Ordinary Common Stock, \$0.01 par value	06/16/2005		X(4)	3,334	A	\$ 23.52	4,754 <u>(1)</u>	D		
Ordinary Common Stock, \$0.01 par value	06/16/2005		S <u>(4)</u>	3,334	D	\$ 34.94	1,420	D		

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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.

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. Number		6. Date Exercisable and		7. Title and Amount of	
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction of Derivative		Expiration Date		Underlying Securities	
Security	or Exercise		any	Code Securities		(Month/Day/Year)		(Instr. 3 and 4)	
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8) Acquired					
	Derivative				(A) or				
	Security			Disposed of					
				(D)					
				(Instr. 3, 4,					
				and 5)					
						Date Exercisable	Expiration Date	Title	Amount or Number
				Code V	(A) (D)		Date		of Shares
Stock Option					3,334			Ordinary	
(right to buy)	\$ 23.52	06/16/2005		X	(4)	01/05/2005(2)	01/05/2014	Common Stock	3,334

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

WEST JEFFREY N 14100 MAGELLAN PLAZA MARYLAND HEIGHTS, MO 63043

SVP & Controller

Signatures

/s/ Jeffrey N.
West

**Signature of Date

**Signature of D
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) Includes 1,420 shares owned as restricted stock that vests in 25% increments on March 10, of each of 2006, 2007, 2008 and 2009, granted pursuant to the Company's Management Incentive Plan.
- (2) Remaining 10,002 options vest in increments of one third on January 5, 2006, 2007 and 2008.
- (3) Not applicable.

Reporting Owners 2

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(4) This transaction was effectuated pursuant to a Rule 10b-5-1 plan and, accordingly, not on a discretionary basis by the reporting person. Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, <i>see</i> 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.				