## Edgar Filing: FINE PERRY G MD - Form 4

FINE PERRY G Form 4	MD										
May 25, 2018											
FORM 4									PPROVAL		
	UNITED	STATES		RITIES A shington			E COMMISSIO	N OMB Number:	3235-0287		
Check this box if no longer subject to Section 16. Form 4 or	F CHAN	NGES IN SECUI	Expires: Estimated a burden hou response	irs per							
obligations may continue.	Form 5 obligations may continue.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 Respo	nses)										
1. Name and Address of Reporting Person <u>*</u> FINE PERRY G MD			2. Issuer Name <b>and</b> Ticker or Trading Symbol				5. Relationship of Reporting Person(s) to Issuer				
			MAGELLAN HEALTH INC [MGLN]				(Check all applicable)				
(Last) (First) (Middle)			3. Date of Earliest Transaction (Month/Day/Year)			X_ Director 10% Owner Officer (give title Other (specify below) below)					
55 NOD ROAD			05/24/2018								
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)			<ul> <li>6. Individual or Joint/Group Filing(Check Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>					
AVON, CT 0600	01						Person				
		(Zip)		ole I - Non-l	Derivativ	e Securities A	Acquired, Disposed	of, or Beneficial	lly Owned		
	ansaction Date hth/Day/Year)	2A. Deemo Execution any (Month/Da	Date, if	3. Transactio Code (Instr. 8) Code V	Dispose (Instr. 3)	(A) or d of (D) 4 and 5) (A) or	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)		
Reminder: Report or	n a separate line	for each cla	ass of sec	urities bene	ficially ov	vned directly	or indirectly.				
					infor requ	mation con ired to resp lays a curre	spond to the collect tained in this form ond unless the fo ently valid OMB co	n are not rm	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	8. Pr
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onof Derivative	Expiration Date	Underlying Securities	Deriv
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)	Secu

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(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr.	8)	Acquired (A) or Disposed (D) (Instr. 3, and 5)	d of					(Inst
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Restricted Stock Units - 2015	\$ 0 <u>(1)</u>	05/24/2018		A		1,685		(2)	<u>(3)</u>	Common Stock	1,685	\$ 8 <u>(</u>

## **Reporting Owners**

Reporting Owner Name / Addres	s	Relationships						
Reporting o when runne / runnes	Director	10% Owner	Officer	Other				
FINE PERRY G MD 55 NOD ROAD AVON, CT 06001	Х							
Signatures								
/s/ Perry G. Fine, M.D.	05/25/2018							
**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) Closing price of the Company's stock on NASDAQ on May 24, 2018.

Restricted Stock Units shall vest at the 2019 Annual Meeting of Stockholders. The Reporting Person has deferred the conversion of the(2) Restricted Stock Units into actual shares of stock until a date following termination of service as a director, pursuant to the terms of the Company's Supplemental Accumulation Plan.

(3) 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.