### MAGELLAN HEALTH INC

Form 4

Common

\$0.01 par value

09/04/2014

Stock,

September 08, 2014

FORM	Λ Δ								OMB AF	PROVAL	
. O	UNITE	D STATES		RITIES A shington,			NGE C	OMMISSION	OMB Number:	3235-0287	
if no lon	Check this box if no longer  STATEMENT OF CHANCES IN PENERICIAL OWNERSHIP OF							Expires:	January 31, 2005		
subject t Section Form 4 of Form 5 obligation may con See Insti 1(b).	of 16. or Filed pons section 1	oursuant to 7(a) of the	Section 1 Public Ut	SECUR	ITIES  e Securit ling Com	ies E npany	xchange Act of	e Act of 1934, 1935 or Section	Estimated a burden hour response	_	
(Print or Type	Responses)										
1. Name and A Blasi Tina	Symbol	Name and			ng	5. Relationship of Reporting Person(s) to Issuer					
		MAGELLAN HEALTH INC [MGLN]					(Check all applicable)				
(Last) 6950 COLU		3. Date of Earliest Transaction (Month/Day/Year)					Director 10% Owner Other (specify below)				
DRIVE	JWIDIA GATE	WAI	09/04/20	013				CEO, Nati	onal Imaging A	assoc.	
				ndment, Dan hth/Day/Year)	_	l		6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
COLUMBI	A, MD 21046							Form filed by M Person	fore than One Re	porting	
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative :	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	ecurity (Month/Day/Year) Execution any							5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Ordinary Common				Code V	Amount	(D)	Price	(Instr. 3 and 4)			
Stock, \$0.01 par value	09/04/2014			M(1)	333	A	\$ 0 (2)	8,686	D		
Ordinary											

 $F^{(4)}$ 

126

54.98 8,560

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 Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transac Code (Instr. 8	ctionof De Se Se A (A D of (In	Number erivative ecurities cquired (A) or isposed (F(D)) nstr. 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. Pr Deri Secu (Inst
			Code	V (A	A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Restricted Stock Units	\$ 0 (2)	09/04/2014	M <u>(1)</u>		333	09/04/2014	(3)	Common	333	\$

# **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Blasi Tina

6950 COLUMBIA GATEWAY DRIVE COLUMBIA, MD 21046

CEO, National Imaging Assoc.

## **Signatures**

/s/ Tina Blasi 09/08/2014

\*\*Signature of 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 by a one-third vesting of the Restricted Stock Unit Award granted on September 4, 2012.
- (2) No price was applicable to the acquisition of this security.
- (3) Not applicable.
- (4) Represents the portion of shares which the Company determined to settle in cash to pay applicable tax withholdings.
- (5) Closing price on NASDAQ on 9/4/14.

Reporting Owners 2

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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.