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MAGELLAN HEALTH SERVICES INC

Form 4

November 20, 2013

FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								OMB APPROVAL		
Washington, D.C. 20549								OMB Number:	3235-0287	
Check this box if no longer subject to Section 16. Form 4 or Section 16. Section 16. Form 4 or					ERSHIP OF	Expires: January 31 2009 Estimated average burden hours per response 0.9				
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 Responses)										
WEST JEFFREY N Symbol MAGE			ner Name and Ticker or Trading I ELLAN HEALTH SERVICES MGLN]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) (First) (Middle) 3. Date (Month			Date of Earliest Transaction				Director 10% Owner Officer (give title Other (specify below) SVP & Controller			
MADYI A					6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting					
MARYLAND HEIGHTS, MO 63043 — Form filed by More than One Reporting Person										
(City)	(State)	(Zip) Tal	ble I - Non-	Derivativ	e Secu	rities Acqui	ired, Disposed of,	or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	ansaction Date 2A. Deemed tth/Day/Year) Execution Date, if any (Month/Day/Year)		4. Securi omr Dispo (Instr. 3,	sed of		5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Ordinary Common	11/10/0012		Code V		. ,	Price	Transaction(s) (Instr. 3 and 4)	(Instr. 4)		
Stock, \$0.01 par value	11/18/2013		X <u>(1)</u>	666	A	\$ 40.21	7,683	D		
Ordinary Common Stock, \$0.01 par value	11/18/2013		X(1)	4,334	A	\$ 38.52	12,017	D		
	11/18/2013		S(1)	5,000	D		7,017	D		

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Ordinary Common	\$ 61.4009
Stock,	<u>(2)</u>
\$0.01 par	
value	

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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exer Expiration D (Month/Day/	ate	7. Title and A Underlying S (Instr. 3 and	Securities	8. I Der Sec (Ins
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Option (right to buy)	\$ 40.21	11/18/2013		X(1)	666	(3)	05/16/2016	Common	666	\$
Stock Option (right to buy)	\$ 38.52	11/18/2013		X(1)	4,334	(3)	05/16/2016	Common	4,334	\$

Reporting Owners

Reporting Owner Name / Address	Keiationsinps						
	Director	10% Owner	Officer	Other			

WEST JEFFREY N 14100 MAGELLAN PLAZA MARYLAND HEIGHTS, MO 63043

SVP & Controller

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Reporting Owners 2

Signatures

/s/ Jeffrey N. West 11/20/2013

**Signature of Date
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) This transaction was effectuated pursuant to a Rule 10b-5-1 Plan.
- (2) Price shown is the average sale price for the transaction. Please see Exhibit 99.1 for a complete breakdown of the average sale price.
- (3) Stock Options in this tranche have vested in full and are exercisable.
- (4) 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.

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