**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

<table>
<thead>
<tr>
<th>1. Name and Address of Reporting Person*</th>
<th>2. Date of Event Requiring Statement (Month/Day/Year)</th>
<th>3. Issuer Name and Ticker or Trading Symbol</th>
<th>4. Relationship of Reporting Person(s) to Issuer (Check all applicable)</th>
<th>5. If Amendment, Date of Original Filed (Month/Day/Year)</th>
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</thead>
<tbody>
<tr>
<td>JOSEPHSON MURAL R</td>
<td>06/17/2020</td>
<td>MAGELLAN HEALTH INC [ MGLN ]</td>
<td>Director</td>
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<tr>
<td>(Last)</td>
<td></td>
<td></td>
<td>Officer (give title below)</td>
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<td>(First)</td>
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<tr>
<td>(Middle)</td>
<td></td>
<td></td>
<td>10% Owner</td>
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<tr>
<td>4801 EAST WASHINGTON STREET</td>
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<td>Other (specify below)</td>
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**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)  
2. Amount of Securities Beneficially Owned (Instr. 4)  
3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)  
4. Nature of Indirect Beneficial Ownership (Instr. 5)

**Table II - Derivative Securities Beneficially Owned**

1. Title of Derivative Security (Instr. 4)  
2. Date Exercisable and Expiration Date (Month/Day/Year)  
3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)  
4. Conversion or Exercise Price of Derivative Security  
5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)  
6. Nature of Indirect Beneficial Ownership (Instr. 5)

**Explanation of Responses:**

**Remarks:**

No securities are beneficially owned.

/s/ Mural Josephson  
06/19/2020

**Signature of Reporting Person  
Date**

**Reminder:** Report on a separate line for each class of securities beneficially owned directly or indirectly.

* If the form is filed by more than one reporting person, see Instruction 5 (b)(v).


Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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 Number.