1. Name and Address of Reporting Person
Norwalk Leslie V
4800 N. SCOTTSDALE ROAD
SUITE 4400
SCOTTSDALE AZ 85251

2. Issuer Name and Ticker or Trading Symbol
MAGELLAN HEALTH INC [MGLN]

5. Relationship of Reporting Person(s) to Issuer
X Director 10% Owner
Officer (give title below) Other (specify below)

3. Date of Earliest Transaction (Month/Day/Year)
06/21/2019

4. If Amendment, Date of Original Filed

6. Individual or Joint/Group Filing (Check Applicable Line)
X Form filed by One Reporting Person
Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

<table>
<thead>
<tr>
<th>1. Title of Security (Instr. 3)</th>
<th>2. Transaction Date (Month/Day/Year)</th>
<th>2A. Deemed Execution Date, if any (Month/Day/Year)</th>
<th>3. Transaction Code (Instr. 8)</th>
<th>4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)</th>
<th>5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)</th>
<th>6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)</th>
<th>7. Nature of Indirect Beneficial Ownership (Instr. 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ordinary Common Stock, $0.01 par value</td>
<td>06/21/2019</td>
<td>A</td>
<td>2,251</td>
<td>A</td>
<td>$0.00(2)</td>
<td>2,787</td>
<td>D</td>
</tr>
</tbody>
</table>

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

Explanation of Responses:
1. Annual director restricted stock award pursuant to 2016 Management Incentive Plan. Shares shall vest fully on the date of the 2020 Annual Meeting of Shareholders.
2. Not applicable.

Remarks:

/s/ Leslie V. Norwalk 06/24/2019
** 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 4 (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.