**SEC Form 4**

**FORM 4**

**UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

**STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP**

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

1. **Name and Address of Reporting Person**
   
   WEST JEFFREY N
   
   14100 MAGELLAN PLAZA
   
   MARYLAND HEIGHTS MO 63043

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

3. **Date of Earliest Transaction (Month/Day/Year)**
   
   01/02/2020

4. **If Amendment, Date of Original Filed (Month/Day/Year)**
   
   01/02/2020

5. **Relationship of Reporting Person(s) to Issuer (Check all applicable)**
   
   Director
   
   Officer (give title below)
   
   SVP & Controller
   
   Other (specify below)

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

| Title of Security (Instr. 3) | Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 2B. Transaction Code (Instr. 8) | 3. Securities Acquired (A) or Disposed Of (D) (Instr. 4, 5 and 6) | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 4, 5 and 6) | 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) | Code | V | Amount | Price |
|-----------------------------|----------------------------------|-----------------------------------------------|-------------------------------|------------------------------------------------|------------------------------------------------|------------------------------------------------|---------------------------------|---------------------------------|
| Ordinary Common Stock, $0.01 par value | 01/02/2020 | X(1) | 100 | A | $63.95 | 20,275 | D |
| Ordinary Common Stock, $0.01 par value | 01/02/2020 | X(1) | 100 | A | $60.39 | 20,375 | D |
| Ordinary Common Stock, $0.01 par value | 01/02/2020 | S(1) | 200 | D | $78.53 | 20,175 | D |

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

<table>
<thead>
<tr>
<th>Title of Derivative Security (Instr. 3)</th>
<th>2. Conversion or Exercise Price of Derivative Security</th>
<th>3. Transaction Date (Month/Day/Year)</th>
<th>3A. Deemed Execution Date, if any (Month/Day/Year)</th>
<th>4. Transaction Code (Instr. 8)</th>
<th>5. Number of Derivative Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)</th>
<th>6. Date Exercisable and Expiration Date (Month/Day/Year)</th>
<th>7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)</th>
<th>8. Price of Derivative Security (Instr. 5)</th>
<th>9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)</th>
<th>10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)</th>
<th>11. Nature of Indirect Beneficial Ownership (Instr. 4)</th>
<th>Code</th>
<th>V</th>
<th>(A)</th>
<th>(D)</th>
<th>Date Exercisable</th>
<th>Expiration Date</th>
<th>Amount or Number of Shares</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stock Option (right to buy) $63.95</td>
<td>01/02/2020</td>
<td>X(1)</td>
<td>100</td>
<td>(2)</td>
<td>03/04/2025</td>
<td>Common Stock</td>
<td>100</td>
<td>$0.00(1)</td>
<td>11,852</td>
<td>D</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Stock Option (right to buy) $60.39</td>
<td>01/02/2020</td>
<td>X(1)</td>
<td>100</td>
<td>(2)</td>
<td>03/05/2024</td>
<td>Common Stock</td>
<td>100</td>
<td>$0.00(1)</td>
<td>19,368</td>
<td>D</td>
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</tbody>
</table>

**Explanation of Responses:**

1. This transaction was effectuated pursuant to a Rule 10b-5-1 Plan.
2. All of the stock options in this tranche have vested in full.
3. Not applicable.

**Remarks:**

/s/ Jeffreyy N. West 01/03/2020

**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 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.