**Named and Address of Reporting Person**

WEST JEFFREY N

(Last)  (First)  (Middle)

14100 MAGELLAN PLAZA

_ (Street) _ (City) _ (State) _ (Zip)

**Issuer Name and Ticker or Trading Symbol**

MAGELLAN HEALTH INC [ MGLN ]

**Date of Earliest Transaction (Month/Day/Year)**

03/03/2020

**Relationship of Reporting Person(s) to Issuer**

X Director

10% Owner

SVP & Controller

**If Amendment, Date of Original Filed (Month/Day/Year)**

03/03/2020

**Filing**

Form filed by One Reporting Person

**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>3A. Deemed Execution Date, if any (Month/Day/Year)</th>
<th>3B. 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>03/03/2020</td>
<td>M(1)</td>
<td>A</td>
<td>$0.00(2)</td>
<td>21,029</td>
<td>D</td>
<td></td>
</tr>
<tr>
<td>Ordinary Common Stock, $0.01 par value</td>
<td>03/03/2020</td>
<td>P(3)</td>
<td>D</td>
<td>$56.03(4)</td>
<td>20,731</td>
<td>D</td>
<td></td>
</tr>
<tr>
<td>Ordinary Common Stock, $0.01 par value</td>
<td>03/03/2020</td>
<td>M(5)</td>
<td>A</td>
<td>$0.00</td>
<td>21,721</td>
<td>D</td>
<td></td>
</tr>
<tr>
<td>Ordinary Common Stock, $0.01 par value</td>
<td>03/03/2020</td>
<td>P(3)</td>
<td>D</td>
<td>$56.03(6)</td>
<td>21,401</td>
<td>D</td>
<td></td>
</tr>
</tbody>
</table>

**Derivative Securities Acquired, Disposed of, or Beneficially Owned**

<table>
<thead>
<tr>
<th>1. 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>
</tr>
</thead>
<tbody>
<tr>
<td>Restricted Stock Units</td>
<td>$0.00(2)</td>
<td>03/03/2020</td>
<td>M(1)</td>
<td>854</td>
<td>03/03/2020</td>
<td>(2)</td>
<td>Common Stock</td>
<td>854</td>
<td>$0.00(2)</td>
<td>0</td>
<td>D</td>
</tr>
<tr>
<td>Restricted Stock Units</td>
<td>$0.00(2)</td>
<td>03/03/2020</td>
<td>M(5)</td>
<td>990</td>
<td>03/03/2020</td>
<td>(2)</td>
<td>Common Stock</td>
<td>990</td>
<td>$0.00(2)</td>
<td>0</td>
<td>D</td>
</tr>
</tbody>
</table>

**Explanation of Responses:**
1. This transaction was effected by the vesting of the Performance Stock Units granted on March 3, 2017. The number of shares that vested was based upon the achievement of total shareholder return relative to the S&P Health Care Services Industry Index over a 3-year period beginning in 2017 and ending in 2019.
2. Not applicable.
3. Represents the portion of shares withheld by the Company in order to pay taxes.
5. This transaction was effected by a one-third vesting of the Restricted Stock Unit Award granted on March 3, 2017. Each Restricted Stock Unit represents a contingent right to receive one share of Magellan common stock.

**Remarks:**

/s/ Jeffrey N. West 03/05/2020

**Signature of Reporting Person Date**

**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.**

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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.

* If the form is filed by more than one reporting person, see Instruction 4 (b)(v).


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