**DIAMENT MICHAEL**

55 NOD ROAD
AVON CT 06001

**MAGELLAN HEALTH INC [MGLN]**

**06/21/2019**

**Ordinary Common Stock, $0.01 par value**

<table>
<thead>
<tr>
<th>Code</th>
<th>Amount</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>2,251</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

**Table II - 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>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>V (A)</td>
<td>(D)</td>
<td>Date Exercisable</td>
<td>Expiration Date</td>
<td>Title and Amount of Shares Underlying Derivative Security</td>
<td>Code</td>
<td>(A)</td>
<td>(D)</td>
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<td></td>
</tr>
<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>Code</td>
<td>(A)</td>
<td>(D)</td>
<td></td>
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</tr>
</tbody>
</table>

**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/ Michael Diament 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.