

MAGELLAN HEALTH SERVICES INC
 Form 4
 May 17, 2007

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION
 Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0287
 Expires: January 31, 2005
 Estimated average burden hours per response... 0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person *
 SHULMAN STEVEN J

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

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

(Last) (First) (Middle)
 55 NOD ROAD
 (Street)

3. Date of Earliest Transaction (Month/Day/Year)
 05/15/2007

Director 10% Owner
 Officer (give title below) Other (specify below)
 Chairman and CEO

AVON, CT 06001

4. If Amendment, Date Original Filed(Month/Day/Year)

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

(City) (State) (Zip)

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

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	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	(A) or (D)	Price
Ordinary Common Stock, \$0.01 par value	05/15/2007		S ⁽¹⁾		500	D	\$ 45.72
Ordinary Common Stock, \$0.01 par value	05/15/2007		S ⁽¹⁾		100	D	\$ 45.71
Ordinary Common	05/15/2007		S ⁽¹⁾		800	D	\$ 45.7

Edgar Filing: MAGELLAN HEALTH SERVICES INC - Form 4

Stock, \$0.01 par value								
Ordinary Common Stock, \$0.01 par value	05/15/2007	<u>S⁽¹⁾</u>	200	D	\$ 45.69	127,507	D	
Ordinary Common Stock, \$0.01 par value	05/15/2007	<u>S⁽¹⁾</u>	800	D	\$ 45.64	126,707	D	
Ordinary Common Stock, \$0.01 par value	05/15/2007	<u>S⁽¹⁾</u>	1,100	D	\$ 45.63	125,607	D	
Ordinary Common Stock, \$0.01 par value	05/15/2007	<u>S⁽¹⁾</u>	500	D	\$ 45.6	125,107	D	
Ordinary Common Stock, \$0.01 par value	05/15/2007	<u>S⁽¹⁾</u>	100	D	\$ 45.59	125,007	D	
Ordinary Common Stock, \$0.01 par value	05/15/2007	<u>S⁽¹⁾</u>	900	D	\$ 45.58	124,107	D	
Ordinary Common Stock, \$0.01 par value	05/15/2007	<u>S⁽¹⁾</u>	100	D	\$ 45.56	124,007	D	
Ordinary Common Stock, \$0.01 par value	05/15/2007	<u>S⁽¹⁾</u>	100	D	\$ 45.51	123,907	D	
Ordinary Common Stock,	05/15/2007	<u>S⁽¹⁾</u>	11,813	D	\$ 45.5	112,094	D	

\$0.01 par value

Ordinary Common Stock, 0.01 par value
 05/15/2007 S⁽¹⁾ 19,662 D \$ 45 92,432 D

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

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 control number.

SEC 1474 (9-02)

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

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)	7. Title and Amount of Underlying Securities (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned (Instr. 5)
--	--	--------------------------------------	--	--------------------------------	---	--	---	--	--

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
SHULMAN STEVEN J 55 NOD ROAD AVON, CT 06001	X		Chairman and CEO	

Signatures

/s/ Steven J Shulman 05/16/2007

**Signature of Reporting Person Date

Explanation of Responses:

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

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. *See* 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

(1) This transaction was effectuated pursuant to a Rule 10b-5-1 plan and, accordingly, not on a discretionary basis by the reporting person.

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

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.