### FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

OMB APPROVAL									
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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*  Wilson Keith					2. Issuer Name <b>and</b> Ticker or Trading Symbol  MOLINA HEALTHCARE INC [ MOH ]										(Check	all app	olicable)	ng Pers	Person(s) to Issuer  10% Owner Other (specify	
(Last) 300 UNI SUITE 1	(Fi VERSITY 1	,	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 03/01/2017  X Officer (give title below) below) Chief Medical Officer															
(Street) SACRAM (City)	MENTO CA		95825 Zip)		4. If Amendment, Date of Original Filed (Month/Day/Year)  6. Individual or Joint/Group Filing (C Line)  X Form filed by One Reporting Form filed by More than Or Person									orting Pers	on					
		Tabl	e I - Noi	n-Deriv	/ative	Se	ecuriti	es Ac	quire	d, Di	sposed	of,	or Be	nefic	ially (	Owne	ed			
Da				Date	2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. 4. Securiti Disposed 5)						4 and Sec Ben Owi		ount of ities icially d Following	Form (D) o	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership
									Cod	e v	Amoun	t	(A) or (D)	Pric	е		action(s) 3 and 4)			(Instr. 4)
Common	Stock			03/0	1/2017	7			A <sup>(1</sup>	)	7,08	35	A	\$49	9.4 <sup>(2)</sup>	0.4 <sup>(2)</sup> 31,887 D				
Common	Stock			03/0	1/2017	7			F <sup>(3</sup>		1,80	)4	D	\$49	49.4 <sup>(2)</sup> 30,083 <sup>(4)</sup> D					
		Та	ıble II - I (								osed of convert					vned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/Da	Date,		Transaction Code (Instr.		n of		6. Date Exercisable and Expiration Date (Month/Day/Year)			Title ar mount of ecurities Inderlyin erivative ecurity nd 4)	of s ng e (Instr. 3		ivative urity	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	D (I	0. Dwnership Form: Direct (D) or Indirect ) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exerci	sable	Expiration Date		0 N 0	mount r lumber f shares						

## **Explanation of Responses:**

- 1. Grant of restricted stock under the Issuer's 2011 Equity Incentive Plan.
- 2. Represents the closing price of the Issuer's common stock on March 1, 2017.
- 3. The shares were applied to the payment of withholding taxes arising in connection with the vesting of 4,697 shares on March 1, 2017.
- 4. The 7,085 newly granted shares shall vest in one-quarter increments on each of March 1, 2018, March 1, 2019, March 1, 2020, and March 1, 2021; additional shares vest as follows: (i) 1,373 shares shall vest on each of March 1, 2017, March 1, 2018, and March 1, 2019; (ii) 1,372 shares shall vest on March 1, 2020; and (iii) 2,500 shares shall vest on May 1, 2017. The remainder of the shares are vested.

## Remarks:

Jeff D. Barlow, by power of attorney for Keith Wilson

03/03/2017

\*\* Signature of Reporting Person

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

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.

Know all by these presents, that the undersigned hereby constitutes and appoints Jeff D. Barlow and Codruta Boggs, and each acting singly, the undersigned's true and lawful attorney-in-fact to:

- 1) execute for and on behalf of the undersigned, in the undersigned's capacity as an officer, director and/or stockholder of Molina Healthcare, Inc. (the "Company"), Forms 3, 4, and 5 and amendments thereto in accordance with Section 16(a) of the Securities Exchange Act of 1934 and the rules thereunder and a Form ID, Uniform Application for Access Codes to File on Edgar; and
- 2) do and perform any and all acts for and on behalf of the undersigned which may be necessary or desirable to complete and execute any such Form ID, Form 3, 4, or 5 or amendment thereto and timely file such form with the United States Securities and Exchange Commission (the "SEC") and any stock exchange or similar authority.

The undersigned hereby grants to each such attorney-in-fact full power and authority to do and perform any and every act and thing whatsoever requisite, necessary, or proper to be done in the exercise of any of the rights and powers herein granted, as fully to all intents and purposes as the undersigned might or could do if personally present, with full power of substitution or revocation, hereby ratifying and confirming all that such attorney-in-fact, or such attorney-in-fact's substitute or substitutes, shall lawfully do or cause to be done by virtue of this Power of Attorney and the rights and powers herein granted. The undersigned acknowledges that the foregoing attorneys-in-fact, in serving in such capacity at the request of the undersigned, are not assuming, nor is the Company assuming, any of the undersigned's responsibilities to comply with Section 16 of the Securities Exchange Act of 1934.

This Power of Attorney shall remain in full force and effect until the undersigned is no longer required to file Forms 3, 4, and 5 with respect to the undersigned's holdings of and transaction in securities of the Company, unless earlier revoked by the undersigned in a signed writing delivered to the foregoing attorneys-in-fact. This Power of Attorney may be filed with the SEC as a confirming statement of the authority granted herein.

IN WITNESS WHEREOF, the undersigned has caused this Power of Attorney to be executed as of this 8th day of August, 2014.

/s/ Keith Wilson MD Signature

Keith Wilson MD Printed Name

Exhibit 24.1