FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPRO	VAL				
	OMB Number:	3235-0287				
l	Estimated average burde	en				
l	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).

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 A		2. Issuer Name and Ticker or Trading Symbol  MOLINA HEALTHCARE INC [ MOH ]									k all app Dired	olicable)		Owner (specify					
(Last) 300 UNIVI		3. Date of Earliest Transaction (Month/Day/Year) 01/19/2018									belo	w) below) Chief Legal Officer		)					
(Street) SACRAMENTO CA 95825 (City) (State) (Zip)						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Indi Line) X	•				
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day)						Execution Date,			3. Transaction Code (Instr. 8)  4. Securities Acquired Disposed Of (D) (Instr.					Securities Beneficially		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
							Code	v	Amount	(A) or (D) Pric		ce	Transaction(s) (Instr. 3 and 4)			(11301.4)			
Common St	2018	018			F <sup>(1)</sup>		740	D	\$9	1.83(2)	49	,502(3)(4)	D						
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
Derivative Security (Instr. 3)	vative Conversion Date Execution Date, or Exercise (Month/Day/Year) if any			on Date,	4. Transaction Code (Instr. 8)		5. Nui of Deriv. Secui Acqu (A) or Dispo of (D) (Instr. and 5	ative rities ired osed	6. Date Expirat (Month	ion Da /Day/Y			Der Sec (Ins	rice of ivative urity tr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		

## **Explanation of Responses:**

- 1. The shares were withheld for payment of taxes with respect to vesting of 1,885 shares on January 19, 2018, upon the Company achieving a three-year Total Stockholder Return (TSR) as determined by ISS calculations that is greater than the median TSR achieved by the Company's ISS peer group for the three-year period ending December 31, 2017.
- 2. Represents the closing price of the Issuer's common stock on January 19, 2018.
- 3. The shares vest as follows: (i) 9,474 shares shall vest in one-third increments over three years, on each of March 1, 2018, March 1, 2019, and March 1, 2020; (ii) 3,132 shares shall vest based on the Company's 2017 after tax profit margin; (iii) 3,132 shares shall vest based on the Company's 2018 after tax profit margin; (iv) 3,132 shares shall vest based upon the Company's 2017 STARS ratings; (v) 4,698 shares shall vest upon the Company's achievement of certain business development targets; (vi) 6,263 shares shall vest in two increments on each of March 7, 2018 and March 7, 2019; continued
- 4. (vii) 1,885 shares shall vest based on the Company's 2017 annual premium revenue achievement; (viii) 1,885 shares shall vest based on the Company's 2017 net profit margin achievement; (ix) 1,885 shares shall vest based on pre-tax income in fiscal year 2017; (x) 1,885 shares shall vest on April 1, 2018; the remainder of the shares are vested.

## Remarks:

Jeff D. Barlow

01/23/2018

\*\* 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).
- \*\* 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.