FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

ct to	STAT	TEMENT	OF	CHA	NC

GES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden 0.5 hours per response:

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

(First)

CA

(State)

3300 DOUGLAS BLVD., SUITE 430

(Last)

(Street) ROSEVILLE

(City)

(Middle)

95661

(Zip)

Filed pursuant to Section 16(a) of the Securities Eychange Act of 1934

1. Name and Address of Reporting Person* DENTINO WILLIAM					r or Trac	lina Svmb	ol			5 R6	alationchir	of Donor	tina De	reon(e) to	locuer
,	2. Issuer Name and Ticker or Trading Symbol MOLINA HEALTHCARE INC [MOH]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Vother (specify									
(Last) (First) (Middle) 3300 DOUGLAS BLVD., SUITE 430	3. Date of Earliest Transaction (Month/Day/Year) 08/15/2013						Officer (give title X Other (specify below) Trustee of trust owners								
(Street) ROSEVILLE CA 95661	4. If <i>F</i>	Amend	ment, Da	ate of (Original	Filed (Mo	nth/Da	ay/Yea	r)	6. Inc Line)	Form	i filed by C	ne Re	ng (Check porting Per an One Re	
(City) (State) (Zip)	tive Securities Acquired, Disposed of, or Beneficially Owned														
	_	Secu Deem		Acqu	uired,					cially			6.0		7. Nature of
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye		Execution Date,				4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5		5. Amount of Securities Beneficially Owned Following Reported		es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Direct Indirect str. 4)	Indirect Beneficial Ownership (Instr. 4)		
				Code	v	Amount		A) or D)	Price	Price		ion(s) and 4)			. ,
Common Stock 08/15/2013				S		2,500		D	\$34.79	08(1)	3,81	7,567	I) ⁽²⁾	
Common Stock				Ш						192,705			I '	Trustee ⁽³⁾	
Common Stock											376,531		.531 I		Trustee ⁽⁴⁾
Common Stock											289,902		902 I		Trustee ⁽⁵⁾
Common Stock							\perp				463	,560		I '	Trustee ⁽⁶⁾
Common Stock											413	,262		I '	Trustee ⁽⁷⁾
Common Stock											206	,719		I '	Trustee ⁽⁸⁾
Common Stock	┸				Ш		\perp				320	,794		I '	Trustee ⁽⁹⁾
Common Stock	\perp				Ш		\perp				232	,675		I '	Trustee ⁽¹⁰⁾
Common Stock	\perp				Ш						4,090	0,360	Γ)(11)	
Common Stock	\perp				Ш						30	00	Γ)(12)	
Common Stock	\perp				Ш						1,5	500	Г)(13)	
Common Stock	\perp				Ш						154	,291		I '	Trustee ⁽¹⁴⁾
Common Stock											211	,099		I	Executor ⁽¹⁵⁾
Table II - Derivativ (e.g., put											Owned				
1. Title of 2. 3. Transaction 3A. Deemed 4. Derivative Conversion Date Execution Date, Ti	ransac	etion nstr.	5. Numb of Derivative Securitive Acquire (A) or Dispose of (D) (Instr. 3, and 5)	er 6. Eve (Mes d	Date Ex	xercisable and n Date Amount of Securities S		8. De Se (Ir	8. Price of Derivative Security (Instr. 5) 8. Price of Derivative Securitie Beneficia Owned Following Reported Transacti (Instr. 4)		Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		Beneficial Ownership (Instr. 4)		
С	ode	v	(A) (E		ate xercisab	Expir le Date	ation	Title	Amour or Number of Shares	r					
1. Name and Address of Reporting Person* DENTINO WILLIAM															

1. Name and Address of Reporting Person* PEDERSEN CURTIS								
(Last) 6218 EAST 6TH S	(First)	(Middle)						
(Street) LONG BEACH	CA	90803						
(City)	(State)	(Zip)						
1. Name and Address of Reporting Person* MARY R MOLINA LIVING TRUST								
(Last) (First) (Middle) 3300 DOUGLAS BLVD., SUITE 430								
(Street) ROSEVILLE	CA	95661						
(City)	(State)	(Zip)						
1. Name and Address of Reporting Person* MOLINA MARITAL TRUST								
(Last)	(First)	(Middle)						
3300 DOUGLAS BLVD., SUITE 430								
(Street) ROSEVILLE	CA	95661						
(City)	(State)	(Zip)						

Explanation of Responses:

- 1. Represents the weighted average sale price of all sales on the Transaction Date. The range of prices for the transaction was \$34.75 to \$34.86. The Reporting Person undertakes to provide full information about the transactions to the Commission upon request.
- 2. The shares are owned by the Mary R. Molina Living Trust, of which Mr. Dentino and Mr. Pedersen are co-trustees.
- 3. The shares are owned by the MRM GRAT 1209/4, of which Mr. Dentino and Mr. Pedersen are co-trustees.
- $4. \ The \ shares \ are \ owned \ by \ MRM \ GRAT \ 1210/4, \ of \ which \ Mr. \ Dentino \ and \ Mr. \ Pedersen \ are \ co-trustees.$
- 5. The shares are owned by MRM GRAT 610/5, of which Mr. Dentino and Mr. Pedersen are co-trustees.
- $6.\ The\ shares\ are\ owned\ by\ MRM\ GRAT\ 811/3,\ of\ which\ Mr.\ Dentino\ and\ Mr.\ Pedersen\ are\ co-trustees.$
- 7. The shares are owned by the MRM GRAT 812/3 of which Mr. Dentino and Mr. Pedersen are co-trustees.
- $8. \ The \ shares \ are \ owned \ by \ the \ MRM \ GRAT \ 609/4, \ of \ which \ Mr. \ Dentino \ and \ Mr. \ Pedersen \ are \ co-trustees.$
- 9. The shares are owned by the MRM GRAT 609/7, of which Mr. Dentino and Mr. Pedersen are co-trustees.
- $10.\ The\ shares\ are\ owned\ by\ MRM\ GRAT\ 610/4,\ of\ which\ Mr.\ Dentino\ and\ Mr.\ Pedersen\ are\ co-trustees.$
- 11. The shares are owned by the Molina Marital Trust, of which Mr. Dentino and Mr. Pedersen are co-trustees.
- 12. The shares are owned by Mr. Pedersen. $\,$
- 13. The shares are owned by Mr. Dentino.
- $14. \ The \ shares \ are \ owned \ by \ the \ MRM \ GRAT \ 1209/3, \ of \ which \ Mr. \ Dentino \ and \ Mr. \ Pedersen \ are \ co-trustees.$
- 15. The shares are owned by the Estate of Mary R. Molina, of which Mr. Dentino is executor.

Remarks:

William Dentino, by Karen 08/19/2013 Calhoun, Attorney-In-Fact Curtis Pedersen, by Karen 08/19/2013 Calhoun, Attorney-In-Fact William Dentino and Curtis Pedersen, Co-Trustees of the Mary R Molina Living Trust, 08/19/2013 by Karen Calhoun, Attorney-In-Fact William Dentino and Curtis Pedersen, Co-Trustees of the 08/19/2013 Molina Marital Trust, by Karen Calhoun, Attorney-In-Fact ** Signature of Reporting Person Date

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

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.

^{*} 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).