Instruction 1(b).

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20549
-------------	------------

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

OMB APP	ROVAL							
OMB Number:	3235-0287							
Estimated average burden								
hours per response	. 0.5							

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person* Schapiro Richard M					2. Issuer Name and Ticker or Trading Symbol MOLINA HEALTHCARE, INC. [MOH]											tionship of Reportir all applicable) Director		10% Ov		wner	
(Last) 2180 HA		3. Date of Earliest Transaction (Month/Day/Year) 11/04/2020										Office below	er (give title v)		Other (below)	specify					
SUITE 400						4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)																X Form filed by One Reporting Person					
SACRAMENTO CA 95815																Form filed by More than One Reporting Person					
(City)	(Sta	ate) (Ž	Zip)																		
		Table	I - N	lon-Deriva	tive	Secu	rities	Ac	quir	red, D	Disp	osed o	f, or l	Benefic	ially	Own	ed				
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Y					ar) 2A. Deemed Execution D if any (Month/Day/		n Date, 1		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and				nd 5) So Bo		Amount of ecurities eneficially wned following		m: Direct or irect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	ode V		ount	(A) or (D)	Price		Transa	Reported Transaction(s) (Instr. 3 and 4)		nstr. 4)	(111501.4)	
Common Stock 11/0				11/04/202	0			S		1	,500	D	\$217.72	26(1)	13,985			D			
Common Stock 11/04/202				11/04/202	0			G			250	D	\$0 ⁽²⁾	\$0 ⁽²⁾		13,735		D			
	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)	Exec if an	Deemed cution Date, y nth/Day/Year)	4. Trans Code 8)	action (Instr.	5. Nu of Deriv Secu Acqu (A) o Dispo of (D) (Instr	rative rities ired r osed) r. 3, 4	Ex (Me	Expiration Date (Month/Day/Year)			Amo Secu Unde Deriv	,	Der Sec	Price of rivative curity str. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	,	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code V (A) (I		(D)	Date D Exercisal			Expiration Date	Title	Amount or Number of Shares								

Explanation of Responses:

- 1. Represents the weighted average selling price per share with a selling price range between \$217.72 and \$217.78.
- 2. Price not applicable to gift.

Remarks:

Jeff D. Barlow, by power of attorney for Richard M.

11/06/2020

Schapiro.

** 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.

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
- 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 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 29th day of July, 2015.

/s/ Richard M. Schapiro Signature

Richard M. Schapiro Printed Name

Exhibit 24