# FORM 4

obligations may continue. See Instruction 1(b).

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

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

$\square$	Check this box if no longer subject to Section 16. Form 4 or Form 5

### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

		or Section So(n) of the investment Company Act of 1940									
1. Name and Address of Reporting Pers Barlow Jeff D.	on*	2. Issuer Name <b>and</b> Ticker or Trading Symbol <u>MOLINA HEALTHCARE, INC.</u> [ MOH ]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner								
(Last) (First) 2180 HARVARD STREET	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 06/30/2023	X Officer (give title Other (specify below) below) Chief Legal Officer								
SUITE 400		4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Individual or Joint/Group Filing (Check Applicable Line)								
(Stroot)			X Form filed by One Reporting Person								
(Street) SACRAMENTO CA	95815		Form filed by More than One Reporting Person								
(City) (State)	(Zip)	Rule 10b5-1(c) Transaction Indication									
		Check this box to indicate that a transaction was made pursuant satisfy the affirmative defense conditions of Rule 10b5-1(c). See									

#### 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	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	Reported Transaction(s) (Instr. 3 and 4)		
Common Stock	06/30/2023		A <sup>(1)</sup>		75	Α	\$301.24 <sup>(2)</sup>	77,473 <sup>(3)</sup>	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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transac Code (Ir 8)		of Deriv Secu Acqu (A) of Dispo of (D) (Instr	Number Expiration Date		Amount of Securities		Security Sec (Instr. 5) Be Ow Fol Re Tra	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

#### Explanation of Responses:

1. The shares were acquired under the Molina Healthcare, Inc. 2019 Employee Stock Purchase Plan (the "ESPP").

2. Represents the closing price of Issuer's common stock on June 30, 2023. The purchase price is based on the stock's lower market price as of the two following dates: (1) January 1, 2023, the first day of the ESPP offering period, and (2) June 30, 2023, the last day of the ESPP offering period.

3. Shares shall vest as follows: 4,437 shares on March 1, 2024; 2,936 shares on March 1, 2025; and 1,761 shares on March 1, 2026. The remaining shares are vested.

**Remarks:** 

## <u>Jeff D. Barlow</u>

\*\* Signature of Reporting Person Date

07/03/2023

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.