SEC Fo	orm 4
--------	-------

С

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).	
------------------------------------------------------------------------------------	--

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

OMB APPROVAL OMB Number: 3235-0287

hours per response:	0.5
Estimated average burden	

1. Name and Address of Reporting Ferson			2. Issuer Name and Ticker or Trading Symbol MOLINA HEALTHCARE INC [MOH]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
300 UNIVERSITY AVENUE		(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 12/31/2018		Director Officer (give title below) Chief Legal	10% Owner Other (specify below) Officer		
(Last) (First) (Middle) 300 UNIVERSITY AVENUE SUITE 100			4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indiv	idual or Joint/Group Fi	ling (Check Applicable		
(Street) SACRAMENTO	CA	95825		Line) X	Form filed by One R Form filed by More t Person			
(City)	(State)	(Zip)						

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title	e of Security (Instr. 3)	Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Transaction Code (Instr.		4. Securities Disposed Of			5. Amount of Securities Beneficially Owned Following Reported	(D) or Indirect	7. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(iiisti: 4)
Com	mon Stock	12/31/2018		A ⁽¹⁾		23	Α	\$97.94 ⁽²⁾	52,418 ⁽³⁾	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. Transa Code (8)		of Expirative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) Date		6. Date Exerc Expiration Da (Month/Day/Y	ate	7. Title Amour Securi Underl Deriva Securi and 4)	nt of ties ying tive ty (Instr. 3	8. Price of Derivative Security (Instr. 5)	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			Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

Explanation of Responses:

1. The shares were acquired under the Molina Healthcare, Inc. 2011 Employee Stock Purchase Plan.

2. The purchase price is based on the Issuer's common stock lower market price as of the two following dates: (1) July 1, 2018, the first day of the ESPP offering period, and (2) December 31, 2018, the last day of the ESPP offering period. The purchase price was based on the closing price of the Issuer's common stock on June 29, 2018, the last trading day before the offering period, since the first day of the offering period was a non-trading day.

3. The shares vest as follows: (i) 22,259 shares are subject to vesting in one-third increments on each of March 1, 2019, March 1, 2020, and March 1, 2021; (ii) an additional 3,158 shares are subject to vesting on each of March 1, 2019 and March 1, 2020; (iii) 3,132 shares are subject to vesting based on the Company's 2018 after tax profit margin; (iv) 3,132 shares are subject to vesting on March 7, 2019; the remainder of the shares are vested.

Remarks:

Jeff D. Barlow

** Signature of Reporting Person

01/03/2019

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.

Date