FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

<b>STATEMENT</b>	<b>OF CHANGES</b>	IN BENEFICIAL	<b>OWNERSHIP</b>

l	OMB APPRO	VAL
	OMB Number:	3235-0287
l	Estimated average burd	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 Address of Reporting Person*  MOLINA J MARIO MD						2. Issuer Name <b>and</b> Ticker or Trading Symbol  MOLINA HEALTHCARE INC [ MOH ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
(Last)						3. Date of Earliest Transaction (Month/Day/Year) 10/03/2017								X	Offic below	er (give title		Owner r (specify v)	
(Street) CHINO (City)	CA (Sta		01710 Zip)		4. If Amendment, Date				of Orig	jinal Fil	ed (Month/Da	ay/Year)		6. Indiv Line) X	′				
		Tabl	e I - N	lon-Deriv	ative	Sec	uritie	s Ac	quire	ed, D	isposed o	f, or E	Benefic	cially	Owne	ed			
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Yo				Execution Date,					Acquired (A) or (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					
								Ì	Code	v	Amount	(A) or (D)	Price			rted action(s) 3 and 4)		(Instr. 4)	
Common Stock 10/03/201				017	.7			S <sup>(1)</sup>		15,000	D	\$67.7	287 <sup>(2)</sup>	1	29,365	I	Trust <sup>(3)</sup>		
Common Stock													4	67,554	I	Trust <sup>(4)</sup>			
Common Stock														1	22,956	I	Trust <sup>(5)</sup>		
Common Stock												(	55,282	I	Trust <sup>(6)</sup>				
Common Stock						151,63			51,630	I	Trust <sup>(7)</sup>								
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
Security or Exercise Price of Derivative Security (Month/Day/Year) if any (Month/Day/Year) 8)		Transa Code (		5. Num of Deriv. Secum Acqu (A) or Dispo of (D) (Instr. and 5	ative rities ired sed	Expir (Mon	te Exer ration E th/Day/	Year)  Expiration	7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)  Amoun or Numbe of Title Shares		Deriv Secu (Inst		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. Sale pursuant to the Rule 10b5-1 Trading Plan of Dr. Molina.
- 2. Represents the weighted average sale price of all sales on the Transaction Date. The range of prices for the transactions was \$67.33 to \$68.85. The Reporting Person undertakes to provide full information about the transactions to the Commission upon request.
- 3. The shares are held by the M/T Molina Family Trust, of which Dr. Molina and his spouse are trustees and beneficiaries.
- 4. The shares are owned by the J. Marion Molina Separate Property Trust, of which Dr. Molina is sole trustee.
- 5. The shares are owned by Dr. Molina's spouse, Therese A. Molina, as trustee of the MM GRAT 915/3.
- 6. The shares are owned by JMB GRAT 1209/4 for the benefit of Josephine M. Battiste, of which Dr. Molina is sole trustee.
- 7. The shares are owned by JMM GRAT 716/3, of which Dr. Molina is the beneficiary.

## Remarks:

/s/ Joseph M. Molina, M.D., by 10/05/2017 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.

- $^{\star}$  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.