FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	J ,	

OMB APP	ROVAL
OMB Number	3235-028

87 Estimated average burden 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

					Oi	occiio	11 30(11)	or tire ii	ivestillei	it Coi	ilpuily Act	01 134	O						
1. Name and Address of Reporting Person*  DENTINO WILLIAM				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)  Director 10% Owner							
(Last) (First) (Middle) 3300 DOUGLAS BLVD., SUITE 430					3. Date of Earliest Transaction (Month/Day/Year) 08/05/2013								Officer (give title X Other (specify below)  Trustee of trust owners						
(Street)			95661		4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)					6. Individual or Joint/Group Filing (Check Applicable Line)  Form filed by One Reporting Person  X Form filed by More than One Reporting Person								
(City)	(St		Zip)		<u> </u>		-,-							<u> </u>		•			
1 Title of S	Security (Inst		_	Non-Deriv		A. Dee		3.	uirea,	1	posea ( ecurities A			CIAII	5. Amou		6. Ow	nership	7. Nature of
Da		Date (Month/Day/Year)	ar) E	Execution Date,				Disposed Of (D) (Instr. 3, 4 and 5			5) Securities Beneficially Owned Follow Reported		es ally Following d	Form: Direct (D) or Indirect	: Direct Indirect str. 4)	Indirect Beneficial Ownership (Instr. 4)			
					_			Cod	e V	Amo	ount	(A) or (D)	Price		Transact (Instr. 3	and 4)			
Common	Stock			08/05/201	3			S	$\perp$	35	5,753	D	\$37.06	09(1)	289	,902		I	Trustee <sup>(2)</sup>
Common	Stock			08/05/201	3			S		53	3,000	D	\$37.05	53 <sup>(3)</sup>	531	,054		I	Trustee <sup>(4)</sup>
Common	Stock			08/06/201	3			S		61	,000	D	\$36.89	86 <sup>(5)</sup>	470	,054		I	Trustee <sup>(4)</sup>
Common	Stock			08/07/201	3			S		6,	,494	D	\$37.05	82(6)	463	,560		I	Trustee <sup>(4)</sup>
Common	Stock			08/07/201	3			S		86	5,738	D	\$37.25	91 <sup>(7)</sup>	413	,262		I	Trustee <sup>(8)</sup>
Common	Stock			08/07/201	3			S	$\perp$	42	2,400	D	\$37.18	53 <sup>(9)</sup>	207	,018		I	Trustee <sup>(10)</sup>
Common	Stock														206	,719		I	Trustee <sup>(11)</sup>
Common	Stock														320	,794		I	Trustee <sup>(12)</sup>
Common	Stock														232	,675		I	Trustee <sup>(13)</sup>
Common	Stock														3,93	7,227	Ι	)(14)	
Common	Stock														4,09	0,360	Ι	)(15)	
Common	Stock														3	00	Ι	<b>)</b> (16)	
Common	Stock														1,5	500	Ι	<b>)</b> <sup>(17)</sup>	
Common	Stock														154	,291		I	Trustee <sup>(18)</sup>
Common	Stock														458	,632		I	Trustee <sup>(19)</sup>
Common	Stock														211	,099		I	Executor <sup>(20)</sup>
		Ta	ble I	l - Derivat (e.g., pı				•	•					•	Owned				
1. Title of Derivative Security (Instr. 3)  1. Title of Conversion or Exercise Price of Derivative Security  1. Title of Conversion Date (Month/Day/Year)  2. Transaction Date (Execution Date, if any (Month/Day/Year)		ıtion Date,		Transaction		rivative curities quired or sposed		Exercisable and on Date Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instrand 4)		8. Price of Derivative Security (Instr. 5)	erivative ecurity	9. Numbe derivative Securities Beneficial Owned Following Reported Transactie (Instr. 4)	e Ownersh s Form: Direct (D or Indirect (I) (Instr.		Beneficial Ownership (Instr. 4)		
					Code	v	(A)		Date Exercisa		Expiration Date	Title	Amour or Numbe of Shares	er					
	d Address of	Reporting Person*  LIAM																	

(Middle)

95661

(Last)

(Street) ROSEVILLE

(First) 3300 DOUGLAS BLVD., SUITE 430

CA

(City)	(State)	(Zip)
1. Name and Address PEDERSEN C		
(Last)	(First)	(Middle)
6218 EAST 6TH S	STREET	
(Street)		
LONG BEACH	CA	90803
(City)	(State)	(Zip)
(Last)	(First)	(Middle)
3300 DOUGLAS	BLVD., SUITE 430	
(Street) ROSEVILLE	CA	95661
(City)	(State)	(Zip)
1. Name and Address  MOLINA MA	of Reporting Person* RITAL 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 transactions was \$36.72 to \$37.25. The Reporting Person undertakes to provide full information about the transactions to the Commission upon request.
- 2. The shares are owned by MRM GRAT 610/5, of which Mr. Dentino and Mr. Pedersen are co-trustees.
- 3. Represents the weighted average sale price of all sales on the Transaction Date. The range of prices for the transactions was \$36.85 to \$37.25. The Reporting Person undertakes to provide full information about the transactions to the Commission upon request.
- $4. \ The \ shares \ are \ owned \ by \ MRM \ GRAT \ 811/3, \ of \ which \ Mr. \ Dentino \ and \ Mr. \ Pedersen \ are \ co-trustees.$
- 5. Represents the weighted average sale price of all sales on the Transaction Date. The range of prices for the transaction was \$36.73 to \$37.11. The Reporting Person undertakes to provide full information about the transactions to the Commission upon request.
- 6. Represents the weighted average sale price of all sales on the Transaction Date. The range of prices for the transactions was \$36.95 to \$37.14. The Reporting Person undertakes to provide full information about the transactions to the Commission upon request.
- 7. Represents the weighted average sale price of all sales on the Transaction Date. The range of prices for the transactions was \$36.99 to \$37.45. The Reporting Person undertakes to provide full information about the transactions to the Commission upon request.
- 8. The shares are owned by the MRM GRAT 812/3 of which Mr. Dentino and Mr. Pedersen are co-trustees.
- 9. Represents the weighted average sale price of all sales on the Transaction Date. The range of prices for the transactions was \$36.75 to \$37.45. The Reporting Person undertakes to provide full information about the transactions to the Commission upon request.
- 10. The shares are owned by the MRM GRAT 1209/4, of which Mr. Dentino and Mr. Pedersen are co-trustees.
- $11.\ The\ shares\ are\ owned\ by\ the\ MRM\ GRAT\ 609/4,\ of\ which\ Mr.\ Dentino\ and\ Mr.\ Pedersen\ are\ co-trustees.$
- $12. \ The \ shares \ are \ owned \ by \ the \ MRM \ GRAT \ 609/7, of \ which \ Mr. \ Dentino \ and \ Mr. \ Pedersen \ are \ co-trustees.$
- $13. \ The \ shares \ are \ owned \ by \ MRM \ GRAT \ 610/4, \ of \ which \ Mr. \ Dentino \ and \ Mr. \ Pedersen \ are \ co-trustees.$
- $14. \ The \ shares \ are \ owned \ by \ the \ Mary \ R. \ Molina \ Living \ Trust, \ of \ which \ Mr. \ Dentino \ and \ Mr. \ Pedersen \ are \ co-trustees.$
- 15. The shares are owned by the Molina Marital Trust, of which Mr. Dentino and Mr. Pedersen are co-trustees.
- 16. The shares are owned by Mr. Pedersen.
- 17. The shares are owned by Mr. Dentino.
- 18. The shares are owned by the MRM GRAT 1209/3, of which Mr. Dentino and Mr. Pedersen are co-trustees.
- 19. The shares are owned by MRM GRAT 1210/4, of which Mr. Dentino and Mr. Pedersen are co-trustees.
- 20. The shares are owned by the Estate of Mary R. Molina, of which Mr. Dentino is executor.

## Remarks:

William Dentino, by Karen Calhoun, Attorney-In-Fact	08/07/2013
<u>Curtis Pedersen, by Karen</u> <u>Calhoun, Attorney-In-Fact</u>	08/07/2013
William Dentino and Curtis Pedersen, Co-Trustees of the Mary R Molina Living Trust, by Karen Calhoun, Attorney- In-Fact	08/07/2013
William Dentino and Curtis Pedersen, Co-Trustees of the	08/07/2013

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.

- $^{\star}$  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.