FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPRO	VAL							
	OMB Number:	3235-0287							
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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* WOLF DALE B							2. Issuer Name and Ticker or Trading Symbol MOLINA HEALTHCARE INC [MOH]									of Reportin cable) or	g Pers	son(s) to Iss	
(Last) (First) (Middle) 300 UNIVERSITY AVENUE SUITE 100							3. Date of Earliest Transaction (Month/Day/Year) 07/01/2014									(give title		Other (s below)	specify
(Street) SACRAMENTO CA 95825					- 4. II	4. If Amendment, Date of Original Filed (Month/Day/Year)									. Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City) (State) (Zip)						tive Securities Acquired, Disposed of, or Benefic									0				
		Tab	ie i - No	n-Deriv	ative	- Se	curiti	es Ac	quirea,	DIS	posea (or, or Be	enem	cially	Owned	ג 			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da					ay/Year) if a		2A. Deemed Execution Date, f any (Month/Day/Year)		3. Transaction Code (Instr. 8) 4. Securi Dispose 5)				and Securiti Benefic		ies Fo cially (D) Following (I)		n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A) or (D)		ice	Transaction(s) (Instr. 3 and 4)				(11150.4)
Common Stock 07/01/2							:014		A ⁽¹⁾		1,400	(2) A	\$	46.1 ⁽³⁾	21	,100		D	
		T	able II -									, or Ben ble sec			Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/D	Date,	4. Transactio Code (Inst				6. Date Exercisable ar Expiration Date (Month/Day/Year)			7. Title an of Securit Underlyin Derivative (Instr. 3 a	ties ig e Secu	D	Price of rivative curity str. 5)	9. Number derivative Securities Beneficiali Owned Following Reported Transactio (Instr. 4)	ly	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)		Date Exercisabl		xpiration ate	Title	Amo or Num of Shar	ber					
Stock Option (Right to	\$33.02								(4)	0:	3/11/2023	Common Stock	15,0	000		15,000		D	

Explanation of Responses:

- 1. Grant of stock under the Issuer's 2011 Equity Incentive Plan in connection with the Reporting Person's services as director.
- 2. The aggregate dollar value of the annual equity award to each director in 2014-15 shall be \$250,000, with one quarter of that amount in stock, or \$62,500, to be granted on the first day of each quarter based on the closing price of the Issuer's common stock on the last day of the immediately preceding quarter. The closing price of the Issuer's common stock on the last day of the immediately preceding quarter, June 30, 2014, was \$44.63. Thus, the grant this quarter for services as a director is for 1,400 shares of the Issuer's common stock.
- 3. Represents the closing price of Issuer's common stock on July 1, 2014.
- 4.5,000 options are vested; the remaining 10,000 options will vest in 5,000 options increments on each of March 11, 2015, and March 11, 2016.

Jeff D. Barlow, by power of attorney for Dale B. Wolf.

07/02/2014

** 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.