FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPRO	DVAL
OMB Number:	3235-0287
Estimated average burd	en
hours per response:	0.5
	OMB Number: Estimated average burd

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

Name and Address of Reporting Person* Barlow Jeff D.						2. Issuer Name and Ticker or Trading Symbol MOLINA HEALTHCARE INC [MOH]								Check	tionship of Reportir all applicable) Director Officer (give title		10% (
						3. Date of Earliest Transaction (Month/Day/Year) 06/28/2019								X	belov)	
(Street) SACRAMENTO CA 95815 (City) (State) (Zip)						4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Tabl	e I - N	on-Deriv	ative	Sec	uritie	s Ac	quire	d, Di	sposed o	f, or E	Benefici	ally	Owne	ed		
1. Title of Security (Instr. 3) 2. Transactio Date (Month/Day/N						Execution Date,					s Acquired (A) or of (D) (Instr. 3, 4 a		nd 5) Sec Ben		ount of ities icially d Following ted	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		Trans	action(s) 3 and 4)		(
Common Stock 06/28/20						019			A ⁽¹⁾		215	A	\$116.	16.22 ⁽²⁾		5,427 ⁽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)	e Conversion or Exercise Price of Derivative Security Date (Month/Day/Year) (Month/Day/Year) Execution Date, if any (Month/Day/Year)		4. Transa Code (8)	(Instr. Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Care Exercisable and Expiration Date (Month/Day/Year) Date Exercisable Expiration Date			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Numbe of Title Shares		8. Price of Derivative Security (Instr. 5)		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. 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 December 31, 2018. The purchase price is based on the stock's lower market price as of the two following dates: (1) January 1, 2019, the first day of the ESPP offering period, and (2) June 28, 2019, the last trading day of the ESPP offering period.
- 3. The shares vest as follows: (i) 5,780 shares vest in one-third increments on each of March 1, 2020, March 1, 2021, and March 1, 2022; (ii) 7,419 shares are subject to vesting on each of March 1, 2020, and March 1, 2021; (iii) an additional 3,158 shares are subject to vesting on March 1, 2020; the remainder of the shares are vested.

Remarks:

<u>Jeff D. Barlow</u> <u>07/01/2019</u>

** 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.