FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

OMB APPROVAL									
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Name and Address of Reporting Person* Barlow Jeff D.						Susuer Name and Ticker or Trading Symbol MOLINA HEALTHCARE, INC. [MOH] Date of Earliest Transaction (Month/Day/Year)									all app Direc	ionship of Reportin all applicable) Director Officer (give title below)		rson(s) to Is 10% Ov Other (s	wner
(Last) (First) (Middle) 2180 HARVARD STREET						06/28/2024									Chief Legal Officer				
SUITE 400				4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)							
(Street) SACRAMENTO CA 95815			5										Form filed by One Reporting Person Form filed by More than One Reporting Person					- 1	
(City)	Rule 10b5-1(c) Transaction Indication																		
	Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.													nded to					
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Y					Executi Year) if any		emed ion Date, i/Day/Year)				Acquired (A) o (D) (Instr. 3, 4 a		5)	5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) or (D)	Price		Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Common Stock 06/28/202)24		İ		A ⁽¹⁾		69	A	\$252.7	71 ⁽²⁾ 71,488		,488(3)		D	
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
1. Title of Derivative Conversion or Exercise Price of Derivative Security (Instr. 3) 2. Conversion Date Execution Date (Month/Day/Year) Date (Month/Day/Year) (Instr. 3) 3. Transaction Date Execution Date (Month/Day/Year) Execution Date (Month/Day/Year) (Instr. 3)			cution Date,	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expir	te Exer ration I th/Day		7. Title and Amount of Securities Underlying Derivative Security (Ins: 3 and 4)		Der Sec	rice of ivative urity tr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exerc	cisable	Expiration Date	Title	Amount or Number of Shares						

Explanation of Responses:

- 1. The shares were acquired under the Molina Healthcare, Inc. 2019 Employee Stock Purchase Plan (the "ESPP").
- 2. In accordance with the ESPP provisions, the purchase price is 85% of the closing price of the Issuer's common stock on June 28, 2024 of \$297.30 (which represents the lower market price of the Issuer's common stock as of (i) January 1, 2024, the first date of the ESPP offering period, and (ii) June 28, 2024, the last trading day of the offering period).
- 3. The shares vest as follows: 3,738 shares on March 1, 2025; 2,563 shares on March 1, 2026; and 1,102 shares on March 1, 2027. The remaining shares are vested.

Remarks:

Jeff D. Barlow

07/02/2024

** 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.