FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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Check this box if no longer subject to	
Section 16. Form 4 or Form 5	
obligations may continue. See	
Instruction 1(h)	

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

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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 ]									all app Dire	olicable)		Issuer Owner r (specify	
(Last) (First) (Middle) 300 UNIVERSITY AVENUE SUITE 100						3. Date of Earliest Transaction (Month/Day/Year) 12/31/2017									X Officer (give title Other (specify below)  Chief Legal Officer				
(Street) SACRAMENTO CA 95825  (City) (State) (Zip)					4. If	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 - No	on-Deriv	ative	Sec	uritie	s Ac	quired	l, Di	sposed o	f, or E	Benefi	cially	Own	ed			
1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day)						Exe if ar	Deeme cution l ny nth/Day	Date,				Securities Acquired (A) o sposed Of (D) (Instr. 3, 4 a			Secur Benef	icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A) ( (D)	Prio	e	Transaction(s) (Instr. 3 and 4)			(	
Common Stock 12/31/20						)17			A <sup>(1)</sup>		22 A		\$6	9.18(2)	18(2) 50,242(3)(4)		D		
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
Derivative Conversion Date Ex Security or Exercise (Month/Day/Year) if		3A. Deel Execution if any (Month/M	on Date, Day/Year) Transac Code (in 8)			5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Expirat (Month	ion Da /Day/Y		Amount of Securities Underlying Derivative Security (Instr. and 4)  Amount of Security (Instr. and 4)		Deri Sec (Ins:	rice of rivative urity tr. 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. 2011 Employee Stock Purchase Plan.
- 2. Represents the closing price of the Issuer's common stock on June 30, 2017. The purchase price is based on the stock's lower market price as of the two following dates: (1) July 1, 2017, the first day of the ESPP offering period, and (2) December 31, 2017, the last day of the ESPP offering period.
- 3. The shares vest as follows: (i) 9,474 shares shall vest in one-third increments over three years, on each of March 1, 2018, March 1, 2019, and March 1, 2020; (ii) 3,132 shares shall vest based on the Company's 2017 after tax profit margin; (iii) 3,132 shares shall vest based on the Company's 2018 after tax profit margin; (iv) 3,132 shares shall vest based upon the Company's 2017 STARS ratings; (v) 4,698 shares shall vest upon the Company's achievement of certain business development targets; (vi) 6,263 shares shall vest in two increments on each of March 7, 2018 and March 7, 2019; continued
- 4. (vii) 1,885 shares shall vest based on the Company's 2017 annual premium revenue achievement; (viii) 1,885 shares shall vest based on the Company's 2017 net profit margin achievement; (ix) 1,885 shares shall vest based on pre-tax income in fiscal year 2017; (x) 1,885 shares shall vest upon the Company's achieving a three-year Total Stockholder Return (TSR) for the three-year period ending December 31, 2017 as determined by ISS calculations that is greater than the median TSR achieved by the Company's 2015 ISS peer group; and (xi) 1,885 shares shall vest on April 1, 2018; the remainder of the shares are vested.

## Remarks:

<u>Jeff D. Barlow</u> <u>01/02/2018</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.

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