FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPRO	VAL					
	OMB Number:	3235-0287					
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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(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 Barlow			2. Issuer Name and Ticker or Trading Symbol MOLINA HEALTHCARE INC [MOH]										all app Direct Offic	er (give title	10 O	% Ov her (s				
(Last) 300 UNIV SUITE 10	(Fir /ERSITY A		3. Date of Earliest Transaction (Month/Day/Year) 03/31/2013									24	belov	ow) below SVP-General Counsel						
(Street)	4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting									
(City)	(St	ate) (.												Person						
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day)						Execution Date,						s Acquired (A) or of (D) (Instr. 3, 4 a			and 5) Sec Ber		ount of ities 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	A) or D) Pric			Transaction(s) (Instr. 3 and 4)				(111311. 4)			
Common S	Stock	2013				F ⁽¹⁾		1,025		D	\$30.8	37 ⁽²⁾	⁽²⁾ 70,257 ⁽³⁾		D					
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
Derivative Security (Instr. 3)	ive conversion or Exercise (Month/Day/Year) Price of Derivative Security Execution Date, if any (Month/Day/Year)			Code (8)	ransaction of code (Instr. Do) Se A (A Di of		. 3, 4)	6. Date Expirat (Month	tion Day/Y	ear)	7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Numbe of		f g instr. 3	nt er		9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owners Form: Direct (or Indir (I) (Inst	hip () ect	11. Nature of Indirect Beneficial Ownership (Instr. 4)	

Explanation of Responses:

- 1. The shares were applied to the payment of withholding taxes arising in connection with the vesting of 2,725 shares on March 31, 2013.
- 2. Represents the closing price of Issuer's common stock on March 28, 2013.
- 3. 2,275 shares vest on each of June 30, 2013, September 30, 2013, and December 31, 2013. 21,800 shares vest in 1/4th increments as follows: (i) 1/4th shall vest in equal 1/3rd increments over three years on March 1, 2015, and March 1, 2016, (ii) 1/4th shall vest upon the Company achieving three-year Total Stockholder Return (as compared to the Company's ISS peer group), for the three-year period ending December 31, 2013 equal to or greater than the 50th percentile in that peer group; (iii) 1/4th shall vest upon the Company's achieving three-year EBITDA margin for the three-year period ending December 31, 2013 equal to or greater than \$12\$ billion; and (iv) 1/4th shall vest upon the Company's achieving three-year EBITDA margin for the three-year period ending December 31, 2013 equal to or greater than 2.5%. Additionally, 13,350 shares vest on 3/1/14; 11,250 shares vest on 3/1/15; and 3,750 shares vest on 3/1/16. The remainder of the shares are vested.

<u>Jeff D. Barlow</u> <u>04/02/2013</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.