FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPF	ROVAL
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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)

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]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Barrow Jerr D.						[Direc			Owner	
(Loot) (First) (Middle)						Date of Earliest Transaction (Month/Day/Year)								X	Offic belov	er (give title w)	Othe belov	r (specify v)	
(Last) (First) (Middle)						02/26/2014								Chief Legal Officer					
300 UNIVERSITY AVENUE																			
SUITE 100					\vdash														
					_ 4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)														X Form filed by One Reporting Person					
SACRAMENTO CA 95825												Form filed by More than One Reporting							
					-									Person					
(City)	(St	tate)	(Zip)																
		Tab	le I - I	Non-Deriv	/ative	Sec	uritie	s Ac	quire	ed, Di	sposed o	f, or E	Benefici	ally (Owne	ed			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye						Execution Date,		·	3. Transaction Code (Instr. 8) 4. Securities Acquire Disposed Of (D) (Instr. 1)						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 02/26/201					014	14			S		10,232	D	\$37.58	39 ⁽¹⁾	54	4,801 ⁽²⁾	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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execu	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)			and nt of ties ying tive ty (Instr. 3		rative de rity Se (. 5) Be Ov Fo Re	9. Number or derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date	cisable	Expiration	Title	Amount or Number of Shares						

Explanation of Responses:

- 1. Represents the weighted average selling price with respect to 11 sales, with a selling price range between \$37.57 and \$37.635.
- 2. 5,450 shares shall vest upon the Company achieving total revenue in any of the 2013, 2014, and 2015 fiscal years equal to or greater than \$12 billion; 5,450 shares shall vest upon the Company achieving three-year EBITDA margin for the three-year period ending December 31, 2013, equal to or greater than 2.5%; 15,166 shares vest on March 14, 2014; 13,067 shares vest on March 1, 2015; and 5,567 shares vest on March 1, 2016. The remainder of the shares are vested.

Jeff D. Barlow

02/26/2014

** 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.