FORM 4

obligations may continue. See

Instruction 1(b)

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPRO	VAL
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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* MOLINA JOHN C						2. Issuer Name and Ticker or Trading Symbol MOLINA HEALTHCARE INC [MOH]									 Relationship of Report (Check all applicable) X Director 			. ,	Owner	
(Last) (First) (Middle) 300 UNIVERSITY AVE., SUITE 100						3. Date of Earliest Transaction (Month/Day/Year) 01/01/2018									Offic belov	er (give title w)	e	Other below	(specify y)	
(Street) SACRAMENTO CA 95825 (City) (State) (Zip)					4. 11	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line) Y Form filed by One Reporting Person Form filed by More than One Reporting Person					
(=::9)				lon-Deriv	/ative	Sec	uritie	s Ac	quire	ed, Di	isposed o	f, or B	enefici	ially	/ Owne	ed				
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year		2A. Deemed Execution Date,		3. Transaction Code (Instr. 8)		4. Securities Disposed Of	d (A) or	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		Reporte Transac (Instr. 3	tion(s)			(Instr. 4)	
Common	Stock			01/01/2	018				A ⁽¹⁾		717(2)	A	\$76.68	68 ⁽³⁾ 415,632 D						
Common Stock														1,394,422		I		Trustee of Family Trust ⁽⁴⁾		
Common	Stock													11,154 D ⁽⁵⁾						
Common	Common Stock														675		I(e)		Family Foundation	
		Та	ble II								oosed of, convertib				Owned					
1. Title of Derivative Security (Instr. 3)	3. Transaction Date (Month/Day/Year)	Execut if any			action (Instr.			6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)				9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	ly C	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)		
		Code	l v	(Δ)	(D)	Date	risahle	Expiration	Title	Number of Shares										

Explanation of Responses:

- 1. Grant of stock under the Issuer's 2011 Equity Incentive Plan, as amended, in connection with the Reporting Person's services as a Director.
- 2. The aggregate dollar value of the annual equity award to each director in 2017-2018 shall be \$220,000, with one quarter of that amount in stock, or \$55,000, to be granted on the first day of each quarter based on the closing price of the Issuer's common stock on such day. Since the grant date of January 1, 2018 was a non-trading day, the number of shares was calculated based on the closing price of the Issuer's common stock on December 29, 2017, of \$76.68. Thus, the grant this quarter for services as a Director is for 717 shares of the Issuer's common stock.
- 3. Represents the closing price of the Issuer's common stock on December 29, 2017.
- 4. The shares are owned by the John C. Molina Separate Property Trust, of which Mr. Molina is the trustee and beneficiary.
- 5. The shares are owned by Mr. Molina and his spouse as community property.
- 6. The shares are owned by the John Molina Foundation.

Remarks:

/s/ John C. Molina, by Karen I. 01/02/2018 Calhoun, Attorney-in-Fact

** 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.