MOLINA HEALTHCARE INC

Form 4

August 09, 2013

FORM 4

Check this box

if no longer

subject to

Section 16.

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB APPROVAL

Number: 3235-0287

Expires:

January 31,

2005

0.5

Estimated average

burden hours per response...

Form 4 or
Form 5
obligations
may continue.

See Instruction

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,
Section 17(a) of the Public Utility Holding Company Act of 1935 or Section
30(h) of the Investment Company Act of 1940

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person <u>*</u> FEDAK CHARLES Z

2. Issuer Name and Ticker or Trading

Symbol

MOLINA HEALTHCARE INC

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

(Last) (First) (Middle)

(Street)

(State)

(Zip)

3. Date of Earliest Transaction (Month/Day/Year)

X Director
____ Officer (give title below)

_____ 10% Owner e _____ Other (specify

300 UNIVERSITY AVENUE, SUITE 100

4. If Amendment, Date Original

08/07/2013

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

Person

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

SACRAMENTO, CA 95825

(City)

		Table 1 - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned								
1.Title of	2. Transaction Date	3. 4. Securities Acquired (A)				5. Amount of	6.	7. Nature of		
Security (Instr. 3)	(Month/Day/Year)	Execution Date, if any	Code	(Δ)			Securities Beneficially	Ownership Form:	Indirect Beneficial	
		(Month/Day/Year)	(Instr. 8)				Owned Following	Direct (D) or Indirect	Ownership (Instr. 4)	
					(A)		Reported	(I)	(111311. 1)	
					or		Transaction(s) (Instr. 3 and 4)	(Instr. 4)		
			Code V	Amount	(D)	Price \$	(
Common	08/07/2013		S	5,000	D	37.0411	53,500	D		
Stock						<u>(1)</u>				
Common						\$				
Stock	08/08/2013		S	5,000	D	36.8587 (2)	$48,500 \frac{(3)}{2}$	D		
						<u>-/</u>				

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exer	cisable and	7. Tit	le and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orNumber	Expiration D	ate	Amou	unt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Unde	rlying	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivativ	e		Secur	rities	(Instr. 5)	Bene
	Derivative				Securities	S		(Instr	. 3 and 4)		Own
	Security				Acquired						Follo
	-				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									A		
									Amount		
						Date	Expiration	T:41	or		
						Exercisable I	Date		Number		
				C = V	(A) (D)				of		
				Code V	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

FEDAK CHARLES Z 300 UNIVERSITY AVENUE, SUITE 100 X SACRAMENTO, CA 95825

Signatures

Jeff D. Barlow, by power of attorney for Charles Z. 08/09/2013

**Signature of Reporting Person Date

Explanation of Responses:

- * 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).
- (1) Represents the weighted average selling price with respect to three sales, with a selling price range between \$37.04 and \$37.042.
- (2) Represents the weighted average selling price with respect to four sales, with a selling price range between \$36.85 and 36.90.
- (3) Shares vest in 3,000 share increments on each of September 30, 2013, December 31, 2013, and March 31, 2014. The remainder of the shares are vested.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

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