MOLINA HEALTHCARE INC

Form 4

February 20, 2014

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB APPROVAL OMB

3235-0287 Number:

January 31, Expires: 2005

10% Owner

0.5

Estimated average burden hours per response...

if no longer subject to Section 16. Form 4 or

Check this box

Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940 See Instruction

(Print or Type Responses)

1(b).

1. Name and Address of Reporting Person *

BAYER TERRY

2. Issuer Name and Ticker or Trading

Symbol

MOLINA HEALTHCARE INC

[MOH]

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

02/20/2014

5. Relationship of Reporting Person(s) to

Issuer

(Check all applicable)

300 UNIVERSITY AVENUE.

(Street)

(State)

(Zip)

SUITE 100

4. If Amendment, Date Original

Filed(Month/Day/Year)

X_ Officer (give title Other (specify below)

Chief Operating Officer

6. Individual or Joint/Group Filing(Check

Applicable Line)

Director

X Form filed by One Reporting Person Form filed by More than One Reporting

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

SACRAMENTO, CA 95825

(City)

1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)				5. Amount of Securities Beneficially Owned	Ownership	7. Nature of Indirect Beneficial Ownership
		, ,	Code V	Amount	(A) or (D)	Price	Following Reported Transaction(s) (Instr. 3 and 4)	or Indirect (I) (Instr. 4)	(Instr. 4)
Common Stock	02/20/2014		S	22,815	D	\$ 36.946 (1)	93,275.5 (2)	D	

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

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

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. 5. TransactionNumber Code of (Instr. 8) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			ate	7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8 I S (
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Options (Right to Buy)	\$ 29.5267					<u>(3)</u>	07/01/2015	Common Stock	31,500	
Stock Options (Right to Buy)	\$ 19.1067					<u>(3)</u>	02/02/2016	Common Stock	21,000	
Stock Options (Right to Buy)	\$ 20.88					(3)	03/01/2017	Common Stock	16,500	

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

BAYER TERRY 300 UNIVERSITY AVENUE, SUITE 100 SACRAMENTO, CA 95825

Chief Operating Officer

8. Price Deriva Securit (Instr.

Signatures

Jeff D. Barlow, by power of attorney for Terry Bayer. 02/20/2014

**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 four sales, with a selling price range between \$36.50 and \$37.00.

15,572 shares shall vest upon the Company achieving total revenue in any of the 2013, 2014, or 2015 fiscal years equal to or greater than \$12 billion; 15,571 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%; 10,290 shares vest on March 1, 2014; and 5,191 shares vest on each of March 1, 2015 and March 1, 2016. The remainder of the shares are vested.

Reporting Owners 2

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(3) The options are fully 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.