## Edgar Filing: MOLINA JOHN C - Form 4

MOLINA JO Form 4	OHN C										
August 22, 2	2017										
FORM	4								OMB AP	PROVAL	
Washington, D.C. 20549								OMB Number:	3235-0287		
Check this box if no longer							Expires:	January 31, 2005			
subject to Section 1 Form 4 o	F CHANGES IN BENEFICIAL OWNE SECURITIES					ERSHIP OF	Estimated a burden hour response	verage			
Form 5 obligatio may cont <i>See</i> Instru 1(b).	tinue. Section 17(	a) of the 1	Public U	Jtility Ho	lding Cor	npan	U	Act of 1934, 935 or Section			
(Print or Type I	Responses)										
1. Name and Address of Reporting Person <u>*</u> MOLINA JOHN C			Symbol Iss				Relationship of Reporting Person(s) to ssuer				
			MOLINA HEALTHCARE INC [MOH]					(Check all applicable)			
				3. Date of Earliest Transaction				_X_Director10% Owner Officer (give titleOther (specify			
300 UNIVE 100	ERSITY AVE., S	UITE	08/18/2	-			b	elow)	below)		
				Month/Day/Year) A				b. Individual or Joint/Group Filing(Check Applicable Line) X_ Form filed by One Reporting Person			
	ENTO, CA 95825						P	Form filed by Mo Person	ore than One Rep	porting	
(City)	(State)	(Zip)	Tab	ole I - Non-	Derivative	Secu	rities Acqui	red, Disposed of,	or Beneficiall	y Owned	
1.Title of Security (Instr. 3) 2. Transaction Date 2A. Deemed Execution Date, if any (Month/Day/Year)			3. 4. Securities Acquired (A) Transactionor Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A) or				5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common				Code V	Amount	(D)	Price \$				
Stock	08/18/2017			S <u>(1)</u>	25,295	D	59.3342 (2)	585,859	D		
Common Stock								591,558	I	Trustee of Family Trust $(3)$	
Common Stock								11,154	D (4)		

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

## Edgar Filing: MOLINA JOHN C - Form 4

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 control number.

 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)	4. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or		ate	Unde Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo
				Disposed of (D)						Trans (Instr
				(Instr. 3, 4, and 5)						
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Address	Relationships					
r g -	Director	10% Owner	Officer	Other		
MOLINA JOHN C 300 UNIVERSITY AVE., SUITE 100 SACRAMENTO, CA 95825	Х					
Signatures						
John C. Molina, by Karen I. Calhoun, Attorney-in-Fact		08/22/2017				
<u>**</u> 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) Sale pursuant to the Rule 10b5-1 Trading Plan of Mr. Molina.
- (2) Represents the weighted average sale price of all sales on the Transaction Date. The range of prices for the transactions was 58.90 to \$59.87. The Reporting Person undertakes to provide full information about the transactions to the Commission upon request.
- (3) The shares are owned by the John C. Molina Separate Property Trust, of which Mr. Molina is the trustee and beneficiary.
- (4) The shares are owned by Mr. Molina and his spouse as community property.

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.