Edgar Filing: MOLINA HEALTHCARE INC - Form 4

MOLINA HI Form 4 April 03, 201	EALTHCARE	EINC									
FORM 4 Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. STATEMENT OF Filed pursuant to S Section 17(a) of the I			SECURITIES AND EXCHANGE Co Washington, D.C. 20549 F CHANGES IN BENEFICIAL OWN SECURITIES Section 16(a) of the Securities Exchange Public Utility Holding Company Act of of the Investment Company Act of 1940					NERSHIP OF e Act of 1934, f 1935 or Section	OMB Number: Expires: Estimated a burden hour response	ours per	
(Print or Type F	Responses)										
FEDAK CHARLES Z Symbol				r Name and Ticker or Trading IA HEALTHCARE INC				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) (First) (Middle) 3. Date of (Month/D 300 UNIVERSITY AVENUE, 04/01/20 SUITE 100				-				X_ Director10% Owner Officer (give titleOther (specify below)below)			
			endment, Date Original nth/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 				
	NTO, CA 958	25						Form filed by M Person	lore than One Re	porting	
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction I (Month/Day/Ye	ear) Executio any		Code (Instr. 8)	4. Securities Ad saction(A) or Dispose (Instr. 3, 4 and r. 8) (A) or v Amount (D)		d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Indirect	
Common Stock	04/01/2015			A <u>(1)</u>	929 <u>(2)</u>	. ,	\$ 66.31 (3)	34,100	D		

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

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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
FEDAK CHARLES Z 300 UNIVERSITY AVENUE, SUITE 100 SACRAMENTO, CA 95825	Х					
Signatures						
Jeff D. Barlow, by power of attorney for Ch Fedak.	04/03/2015					
<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) Grant of stock under the Issuer's 2011 Equity Incentive Plan in connection with the Reporting Person's services as a director.

The aggregate dollar value of the annual equity award to each director in 2014-15 shall be \$250,000, with one quarter of that amount in stock, or \$62,500, to be granted on the first day of each quarter based on the closing price of the Issuer's common stock on the last day of

- (2) the immediately preceding quarter. The closing price of the Issuer's common stock on the last day of the immediately preceding quarter, March 31, 2015, was \$67.29. Thus, the grant this quarter for services as a director is for 929 shares of the Issuer's common stock.
- (3) Represents the closing price of the Issuer's common stock on April 1, 2015.

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.