Edgar Filing: MOLINA HEALTHCARE INC - Form 4

MOLINA HE Form 4 July 05, 2016	ALTHCARE	INC									
FORM	4					~~~			-	PPROVAL	
••••	• UNITEL) STATES		ITIES A hington,			NGE (COMMISSION	OMB Number:	3235-0287	
Check this box if no longer subject to Section 16.			F CHAN	GES IN I SECUR		CIA	LOW	NERSHIP OF	Expires: January 3 ⁻ 200 Estimated average burden hours per		
Form 4 or Form 5 obligations may continue. See Instruction 1(b). Filed pursuant to Section 16(a) of the Securities Excha Section 17(a) of the Public Utility Holding Company Act 30(h) of the Investment Company Act of 1					Act of	of 1935 or Section					
(Print or Type Re	esponses)										
Wilson Keith Symbol			Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer				
				LINA HEALTHCARE INC [H]				(Check all applicable)			
(Last) (First) (Middle) 3. Date o (Month/I 07/01/2 300 UNIVERSITY 07/01/2 AVENUE, SUITE 100 07/01/2				-				Director 10% Owner Officer (give title Other (specify below) below) Chief Medical Officer			
	(Street)	Street) 4. If Amen Filed(Mont			-			 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 			
SACRAMEN	NTO, CA 9582	.5						Person	Aore than One Re	eporting	
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	Securi	ties Acc	quired, Disposed of	f, or Beneficial	ly Owned	
1.Title of Security2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date, if any (Month/Day/Year)			3. 4. Securities Acquired Transaction(A) or Disposed of Code (D) (Instr. 8) (Instr. 3, 4 and 5) (A)			Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)				
				Code V	Amount	or (D)	Price \$	Transaction(s) (Instr. 3 and 4)			
Common Stock	07/01/2016			A <u>(1)</u>	415	A	49.9 (2)	24,802 <u>(3)</u>	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)	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. iorNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	;	Date	Amou Unde Secur	le and unt of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Relationships							
Director	10% Owner	Officer	Othe				
		Chief Medical Officer					
corney for	Keith	07/05/2016					
**Signature of Reporting Person							
	orney for	Director 10% Owner	Director 10% Owner Officer Chief Medical Officer orney for Keith 07/05/2016				

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) The shares were acquired under the Molina Healthcare, Inc. 2011 Employee Stock Purchase Plan.
- Represents the closing price of Issuer's common stock on June 30, 2016. The purchase price is based on the stock's lower market price as (2) of the two following dates: (1) January 1, 2016, the first day of the ESPP offering period, and (2) June 30, 2016, the last day of the ESPP offering period.
- The shares vest as follows: 1,373 shares shall vest on each of March 1, 2017, March 1, 2018, and March 1, 2019; 1,372 shares shall vest (3) on March 1, 2020; and 2,500 shares shall vest on May 1, 2017. 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.