Edgar Filing: MOLINA HEALTHCARE INC - Form 4

Form 4	EALTHCARE	EINC									
August 01, 2	1 /								-	PPROVAL	
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								COMMISSION	OMB Number:	3235-0287	
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). Statement OF CHANGES IN BENEFICIAL OWNERSHIP SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 19 Section 17(a) of the Public Utility Holding Company Act of 1935 or S 30(h) of the Investment Company Act of 1940						e Act of 1934, 1935 or Section	Expires: January 31 Expires: 2005 Estimated average burden hours per response 0.5				
(Print or Type F	Responses)										
ROMNEY RONNA Symbol MOLII			Symbol	er Name and Ticker or Trading NA HEALTHCARE INC				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) (First) (Middle) 3. Date (Month			3. Date of	of Earliest Transaction Day/Year)				X Director Officer (give below)		Owner er (specify	
				endment, Date Original nth/Day/Year)			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
SACRAME	NTO, CA 958	25						Form filed by M Person	Iore 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)	curity (Month/Day/Year) Execution Date, if			3. 4. Securities Acquired Transactior(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A) or				Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Common Stock	08/01/2016			Code V S(1)	Amount 250	(D)	Price \$ 56.68 (2)	(Instr. 3 and 4) 22,591	I	Held by trust (3)	

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 Derivati Security (Instr. 3	ive Conversio or Exercis	e	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transac Code (Instr. 8	 5. tionNumber of Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) 	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 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						
FB	Director	10% Owner	Officer	Other			
ROMNEY RONNA 300 UNIVERSITY AVENUE, SUITE 100 SACRAMENTO, CA 95825	Х						
Signatures							
Jeff D. Barlow, by power of attorney for Ro Romney.	nna	08/01/2016					
**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) The sale was made pursuant to Reporting Person's Rule 10b5-1 Trading Plan that was established on March 8, 2016.
- (2) Represents the actual selling price for all 250 shares.
- (3) All shares held by Ronna Romney Revocable Trust.

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.