Edgar Filing: BAYER TERRY - Form 4

BAYER TER Form 4	RRY										
July 02, 2009)										
FORM	14								OMB AF	PROVAL	
Check this box								OMB Number:	3235-0287		
if no long subject to Section 10 Form 4 or Form 5 obligation may conti <i>See</i> Instru 1(b).	er STATEN 6. Filed pur ¹⁵ Section 17(rsuant to So (a) of the P	ection 10 Public Ut	SECUR 6(a) of the	ITIES e Securit ling Com	ies E 1pany	xchange Act of	NERSHIP OF e Act of 1934, 1935 or Section 0	Expires: Estimated a burden hour response		
(Print or Type R	(esponses)										
BAYER TERRY Symbol				r Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer			
			[MOH]					(Check all applicable)			
(Last) 2277 FAIR (BOULEVAI	. , ,		3. Date of (Month/D 06/30/20	-	ansaction			Director X Officer (give below) Chief C		Owner or (specify er	
(Street) 4. If Amer			ndment, Date Original			6. Individual or Joint/Group Filing(Check					
Filed(Mon SACRAMENTO, CA 95825				nth/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting			
SACKAIVIE	N10, CA 95625							Person			
(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 Date (Month/Day/Year)		Date, if	3. 4. Securities Acquired Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A)				Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
				Code V	Amount	or (D)	Price \$	(Instr. 3 and 4)			
Common Stock	03/01/2009			A <u>(1)</u>	1,377	А	23.92 (2)	46,052 <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)

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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. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		Underlying Securities (Instr. 3 and 4)		8. De Se (In
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Options (Right to Buy)	\$ 44.29					<u>(4)</u>	07/01/2015	Common Stock	21,000	
Stock Options (Right to Buy)	\$ 28.66					<u>(4)</u>	02/02/2016	Common Stock	21,000	
Stock Options (Right to Buy)	\$ 31.32					03/01/2008 <u>(5)</u>	03/01/2017	Common Stock	11,000	

Reporting Owners

Reporting Owner Name / Address	Relationships							
r g	Director	10% Owner	Officer	Other				
BAYER TERRY 2277 FAIR OAKS BOULEVARD SUITE 440 SACRAMENTO, CA 95825			Chief Operating Officer					
Signatures								
Jeff D. Barlow, by power of attorne Bayer.	y for Terr	у	07/02/2009					
<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) The shares were acquired under the Molina Healthcare, Inc. 2002 Employee Stock Purchase Plan.
- (2) Represents closing price of issuer's common stock on June 30, 2009.
- (3)

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Increments of 3,400 shares vest on each of 3/1/2010, 3/1/2011, 3/1/2012, and 3/1/2013; additional increments of 3,400 shares vest on each of 3/1/2010, 3/1/2011, and 3/1/2012; and increments of 1,387 shares vest on each of 3/1/2010 and 3/1/2011. The remainder of the shares are vested.

(4) The options are vested and exercisable.

(5) 5,500 of the options are vested. The remainder vest in increments of 2,750 options on each of 3/1/2010 and 3/1/2011.

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.