#### MOLINA HEALTHCARE INC

Form 4

December 07, 2015

Check this box

if no longer

subject to

Section 16.

Form 4 or

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

**OMB APPROVAL** OMB

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES** 

Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940 See Instruction

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person \* 5. Relationship of Reporting Person(s) to 2. Issuer Name and Ticker or Trading Nichols Norman Issuer Symbol

> MOLINA HEALTHCARE INC (Check all applicable) [MOH]

(Last) (First) (Middle) 3. Date of Earliest Transaction Director 10% Owner Officer (give title \_\_X\_ Other (specify (Month/Day/Year)

below) below) 300 UNIVERSITY 12/03/2015 Pres, MMS **AVENUE, SUITE 100** 

> (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Filing(Check Filed(Month/Day/Year) Applicable Line)

\_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

SACRAMENTO, CA 95825

(State)

(Zip)

(City)

	1401	Tubic 1 Troit Delivative Securities required, Disposed of, or Deliciteding Owned							
2. Transaction Date	2A. Deemed	3. 4. Securities Acquired			cquired	5. Amount of	6. Ownership	7. Nature of	
(Month/Day/Year)	Execution Date, if	Transaction(A) or Disposed of (D)			Securities	Form: Direct	Indirect		
	any	Code (Instr. 3, 4 and 5)			5)	Beneficially	(D) or	Beneficial	
	(Month/Day/Year)	(Instr. 8)	8)			Owned	Indirect (I)	Ownership	
						Following	(Instr. 4)	(Instr. 4)	
				( )		Reported			
						Transaction(s)			
						(Instr. 3 and 4)			
		Code V	Amount	(D)	Price	` ′			
					\$				
12/03/2015		F(1)	513	D	59.14 (2)	42,004 (3)	D		
	(Month/Day/Year)	2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date, if any (Month/Day/Year)	2. Transaction Date 2A. Deemed 3.  (Month/Day/Year) Execution Date, if any Code (Month/Day/Year) (Month/Day/Year)  Code V	2. Transaction Date 2A. Deemed 3. 4. Securi (Month/Day/Year) Execution Date, if any Code (Instr. 3, (Month/Day/Year) (Instr. 8)  Code V Amount	2. Transaction Date (Month/Day/Year) Execution Date, if any (Month/Day/Year) (Month/Day/Year) (Instr. 8) (A) or Code V Amount (D)	2. Transaction Date (Month/Day/Year) Execution Date, if any (Month/Day/Year) (Month/Day/Year) (Instr. 8)  2. Transaction Date 2A. Deemed 3. 4. Securities Acquired Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5)  (Instr. 8)  (A) or Code V Amount (D) Price \$	2. Transaction Date   2A. Deemed   3.   4. Securities Acquired   5. Amount of   Securities any   Code   (Instr. 3, 4 and 5)   Month/Day/Year   (Month/Day/Year)   (Instr. 8)   $(Month/Day/Year)$   $(Month/Day/Year)$	2. Transaction Date (Month/Day/Year)   2A. Deemed   3.   4. Securities Acquired (Month/Day/Year)   Execution Date, if any (Month/Day/Year)   (Instr. 3, 4 and 5)   (Instr. 3, 4 and 5)   (Instr. 8)   (Instr. 8)   (Instr. 4)   (Instr. 4)   (Instr. 4)   (Instr. 4)   (Instr. 4)   (Instr. 3 and 4)   (In	

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)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)

### Edgar Filing: MOLINA HEALTHCARE INC - Form 4

1. Title o	of 2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exer	cisable and	7. Title	e and	8. Price of	9. Nu
Derivativ	ve Conversion	(Month/Day/Year)	Execution Date, if	Transacti	onNumber	Expiration D	ate	Amou	nt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivativ	e		Securi	ties	(Instr. 5)	Bene
	Derivative		•		Securities			(Instr.	3 and 4)		Own
	Security				Acquired						Follo
	•				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						`
					4, and 5)						
					, ,						
									Amount		
						Date	Expiration		or		
						Exercisable	-	Title N	Number		
						LACICISADIC			of		
				Code V	(A) (D)				Shares		

# **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Nichols Norman

300 UNIVERSITY AVENUE

SUITE 100

SACRAMENTO, CA 95825

# **Signatures**

Jeff D. Barlow, by power of attorney for Norman Nichols.

12/07/2015

Pres. MMS

\*\*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).
- The shares were applied to the payment of withholding taxes in connection with the vesting of 1,875 shares on December 3, 2015 upon the Company achieving total revenue (as defined in the Reporting Person's Restricted Stock Award Agreement) in fiscal year 2015 in excess of \$12 billion (the "Vesting Condition"). The achievement of the Vesting Condition was certified by the Compensation Committee
- excess of \$12 billion (the "Vesting Condition"). The achievement of the Vesting Condition was certified by the Compensation Committee on December 2, 2015, with vesting of the shares effective as of December 3, 2015.
- (2) Represents the closing price (and selling price) of Issuer's common stock on December 3, 2015.
- (3) The shares shall vest as follows: 9,584 shares on March 1, 2016; 4,897 shares on March 1, 2017 and March 1, 2018; and 1,826 shares on March 1, 2019. 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.

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