## Edgar Filing: WOLF DALE B - Form 4

WOLE DALE B

Form 4 May 03, 201	3										
FORN									OMB AF	PROVAL	
	UNITE	D STATES		RITIES A shington,			NGE C	OMMISSION	OMB Number:	3235-0287	
Check th if no long subject to Section 1 Form 4 o Form 5	ger <b>STATE</b> 6. r		GES IN BENEFICIAL OWN SECURITIES					Expires: Estimated a burden hour response			
Form 5 obligations may continue. See Instruction 1(b). Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940						1					
(Print or Type I	Responses)										
WOLF DALE B S			2. Issuer Name <b>and</b> Ticker or Trading Symbol MOLINA HEALTHCARE INC [MOH]				-	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) (First) (Middle) 300 UNIVERSITY AVENUE, SUITE 100			3. Date of Earliest Transaction (Month/Day/Year) 05/02/2013					_X_ Director10% Owner Officer (give titleOther (specify below) below)			
				mendment, Date Original /onth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
SACRAME	NTO, CA 9582	25						Form filed by M Person	ore than One Re	porting	
(City)	(State)	(Zip)	Tabl	e I - Non-D	Derivative S	Securi	ties Acqu	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Da (Month/Day/Yea	ansaction Date 2A. Deemed hth/Day/Year) Execution Date, if any (Month/Day/Year)			4. Securiti on(A) or Dis (Instr. 3, 4	sposed 4 and 5 (A) or	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)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock	05/02/2013			Code V $A^{(1)}$	Amount 12,000	(D) A	Price \$ 34.25 (2)	19,700 <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. Transactic Code (Instr. 8)	5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	(Month/Day/Year) ive es ed ed		Underlying S	7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Option (Right to Buy)	\$ 33.02					(4)	03/11/2023	Common Stock	15,000	

## **Reporting Owners**

Reporting Owner Name / Address	Relationships							
1 0	Director	10% Owner Offic		Other				
WOLF DALE B 300 UNIVERSITY AVENUE SUITE 100 SACRAMENTO, CA 95825	Х							
Signatures								
Jeff D. Barlow, by power of att Wolf.	Dale B.		05/03/2013					
**Signature of Reporting		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 restricted stock under the Issuer's 2011 Equity Incentive Plan in connection with the reporting person's services as director.
- (2) Represents the closing price of issuer's common stock on May 2, 2013.
- (3) The 12,000 newly granted shares vest in 3,000 share increments on each of June 30, 2013, September 30, 2013, December 31, 2013, and March 31, 2014. The remainder of the shares are vested.
- (4) The options vest in one-third increments on each of March 11, 2014, March 11, 2015, and March 11, 2016.

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.