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MOLINA J Form 4 December 2											
FORM	Л 4								OMB A	APPROVAL	
CURIVI 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549						OMMISSION	OMB Number:	3235-0287			
Check this box if no longer subject to Section 16. Form 4 or		ATEMENT OF CHANGES IN BENEFICIAL OWNERSH SECURITIES							Expires: January 2 20 Estimated average burden hours per response		
Form 5 obligati may con <i>See</i> Inst 1(b).	ons ntinue. Section 17	(a) of the Pu	ublic I		olding Co	mpai	ny Act of	e Act of 1934, 1935 or Section 0	·	0.5	
(Print or Type	Responses)										
MOLINA JOHN C Symbol			suer Name and Ticker or Trading bl INA HEALTHCARE INC				5. Relationship of Reporting Person(s) to Issuer				
		[MOH]						(Check all applicable)			
(Month/				/Day/Year)				X_ Director10% Owner Officer (give titleOther (specify below) below)			
100 UNIV	ERSITY AVE., S	UIIE	12/18/	2017							
				mendment, Date Original Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting			
SACRAM	ENTO, CA 95825	5						Person		ceporting	
(City)	(State)	(Zip)	Ta	ble I - Non	-Derivativ	e Secu	ırities Acqı	uired, Disposed of	, or Beneficia	ally Owned	
1.Title of Security (Instr. 3)	eurity (Month/Day/Year) Execution Date, if			(A) or				2	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
G				Code V	Amount	(D)	Price \$	(,			
Common Stock	12/18/2017			S <u>(1)</u>	19,885	D	75.4684 (2)	434,348 <u>(3)</u>	D		
Common Stock								1,394,422	Ι	Trustee of Family Trust <u>(4)</u>	
Common Stock								11,154	D <u>(5)</u>		
Common Stock								675	I <u>(6)</u>	Family Foundation	

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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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transac Code (Instr. 8	5. tionNumber of) Derivativ Securitie Acquirec (A) or Disposed of (D) (Instr. 3, 4, and 5)	(Month/Day, ve s i	Date	Amou Unde Secur	le and int 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		

Reporting Owners

Reporting Owner Name / Address	Relationships						
FB	Director	10% Owner	Officer	Other			
MOLINA JOHN C 300 UNIVERSITY AVE., SUITE 100 SACRAMENTO, CA 95825	Х						
Signatures							
/s/ John C. Molina, by Karen I. Calhoun Attorney-in-Fact	l,		12/20	/2017			

Explanation of Responses:

**Signature of Reporting Person

- * 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) Sale pursuant to the Rule 10b5-1 Trading Plan of Mr. Molina.
- (2) Represents the weighted average sale price of all sales on the Transaction Date. The range of prices for the transactions was \$74.83 to \$76.23. The Reporting Person undertakes to provide full information about the transactions to the Commission upon request.

Date

- (3) Excludes 675 shares previously transferred to the John Molina Foundation in a non-reportable transaction.
- (4) The shares are owned by the John C. Molina Separate Property Trust, of which Mr. Molina is the trustee and beneficiary.
- (5) The shares are owned by Mr. Molina and his spouse as community property.
- (6) The shares are owned by the John Molina Foundation.

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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.