

WHITE JOSEPH W CPA  
Form 4  
January 04, 2012

**FORM 4**

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

OMB APPROVAL

OMB Number: 3235-0287  
Expires: January 31, 2005  
Estimated average burden hours per response... 0.5

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 OF SECURITIES**

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

(Print or Type Responses)

1. Name and Address of Reporting Person \*  
WHITE JOSEPH W CPA

2. Issuer Name and 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  
  
(Street)

3. Date of Earliest Transaction  
(Month/Day/Year)  
06/30/2011

\_\_\_\_ Director \_\_\_\_\_ 10% Owner  
 Officer (give title below) \_\_\_\_\_ Other (specify below)  
VP, Accounting

SACRAMENTO, CA 95825

4. If Amendment, Date Original Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check Applicable Line)  
 Form filed by One Reporting Person  
 Form filed by More than One Reporting Person

(City) (State) (Zip)

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

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	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 Ownership (Instr. 4)	
				Code V	Amount	(A) or (D)	Price	
Common Stock	06/30/2011 <sup>(1)</sup>		A <sup>(2)</sup>	228	A	27.12	\$ 68,602 <sup>(4)</sup> <sup>(5)</sup>	D
							<sup>(3)</sup>	
Common Stock	12/30/2011		A <sup>(2)</sup>	116	A	22.33	\$ 68,718 <sup>(4)</sup> <sup>(5)</sup>	D
							<sup>(6)</sup>	

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**

SEC 1474  
(9-02)



## 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 reporting person's failure to file his Form 4 report at the time of the scheduled purchase under the Molina Healthcare, Inc. 2011 Employee Stock Purchase Plan (the "ESPP") was inadvertent.

(2) The shares were acquired under the ESPP.

(3) Represents the closing price of issuer's common stock on June 30, 2011. The purchase price is based on the stock's lower market price as of the two following dates: (1) January 1, 2011, the first day of the ESPP offering period, and (2) June 30, 2011, the last day of the ESPP offering period.

(4) Amount of securities beneficially owned adjusted to reflect a 3:2 stock split effective May 20, 2011.

(5) 12,900 shares vest on 3/1/12; 11,500 shares vest on 3/1/13; 9,000 shares vest on 3/1/14; and 6,250 shares vest on 3/1/15. The remainder of the shares are vested.

(6) Represents the closing price of issuer's common stock on December 30, 2011. The purchase price is based on the stock's lower market price as of the two following dates: (1) July 1, 2011, the first day of the ESPP offering period, and (2) December 31, 2011, the last day of the ESPP offering period.

(7) Conversion or exercise price of derivative security adjusted to reflect a 3:2 stock split effective May 20, 2011.

(8) The options are fully vested.

(9) Number of derivative securities beneficially owned adjusted to reflect a 3:2 stock split effective May 20, 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.