

Edgar Filing: MOLINA HEALTHCARE INC - Form CT ORDER

MOLINA HEALTHCARE INC  
 Form CT ORDER  
 June 18, 2008

; border-right-width: 1; border-bottom-width: 1">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 Indirect Beneficial Ownership  
 (Instr. 4)CodeVAmount(A) or (D)Price Common Stock03/02/2013 F 5,246 D \$ 9.47 13,180 D Common Stock  
 71,591 I By spouse Common Stock 13,968 I Rabbi Trust

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.** SEC 1474 (9-02)

**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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)	7. Title and Amount of Underlying Securities (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction (Instr. 3 and 4)
				Code	V (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares

## Reporting Owners

**Reporting Owner Name / Address**

**Relationships**

Director 10% Owner Officer Other

FINKE JOHN W  
 221 EAST HICKORY STREET  
 PO BOX 3248  
 MANKATO, MN 56002-3241

X

Chief Executive Officer

## Signatures

/s/ David A. Christensen, Attorney in Fact for John W. Finke

03/05/2013

\_\_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).

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.