FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-028								
Estimated average I	nurden								

0.5

hours per response:

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

							`	,				, ,									
1. Name and Address of Reporting Person* <u>HELMER RICHARD A MD</u>						2. Issuer Name and Ticker or Trading Symbol MOLINA HEALTHCARE INC [MOH]										eck all appl Direct	icable)	ıg Per	son(s) to Iss 10% Ov Other (s	vner	
(Last) (First) (Middle) C/O MOLINA HEALTHCARE, INC. ONE GOLDEN SHORE DRIVE						3. Date of Earliest Transaction (Month/Day/Year) 12/31/2003											v.P. and Chief Medical				
(Street) LONG BEACH CA 90802					4. 11	4. If Amendment, Date of Original Filed (Month/Day/Year)											Individual or Joint/Group Filing (Check Applicable le) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)		(State)	(Zip)																		
		Tak	ole I - No	n-Deriv	ative/	e Se	curiti	es Ac	quir	red, D	isp	osed	of, or B	ene	ficiall	y Owne	d				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)						ar) I	2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr.			S. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 Disposed Of (D) (Instr. 3, 4			5. Amo Securit Benefic Owned Reporte	ies For cially (D) Following (I) (n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									С	Code V		Amount	(A) (D)	or F	Price	Transa (Instr. 3	ction(s)			(
Common Stock 12/31/						2003			;	J ⁽¹⁾		1,370 A		.	\$14.8	3 1	1,370		D		
		-	Гable II -										, or Bei ble sec			Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deeme Execution if any (Month/Da	Date,	4. Transaction Code (Instr 8)		n of		6. Date Exercisab Expiration Date (Month/Day/Year)				e and 7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exerc	cisable	Exi	opiration	Title	or Nur of	ount nber ires						
Stock Option (Right to	\$4.5								((2)	11/	18/2011	Common Stock	57,	,120		57,120		D		

Explanation of Responses:

- $1.\ The\ shares\ were\ acquired\ under\ the\ Molina\ Healthcare,\ Inc.\ 2002\ Employee\ Stock\ Purchase\ Plan.$
- 2. All options became fully exercisable upon the closing of the initial public offering of Molina Healthcare, Inc. Prior thereto, options vested in 4 equal annual installments, with the first installment having vested on 11/18/2002.

Richard A. Helmer, M.D., by Nicholas Arbuckle, Attorney-In-Fact pursuant to Exhibit 24

01/05/2004

hereto

** Signature of Reporting Person

on Date

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

- * 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.

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 Number.

Exhibit 24

LIMITED POWER OF ATTORNEY FOR SECTION 16(a) FILINGS

Know all by these presents, that the undersigned hereby constitutes and appoints Nicholas Arbuckle and Karen Calhoun, and each acting singly, the undersigned's true and lawful attorney-in-fact to:

- 1) execute for and on behalf of the undersigned, in the undersigned's capacity as an officer, director and/or stockholder of Molina Healthcare, Inc. (the "Company"), Forms 3, 4, and 5 and amendments thereto in accordance with Section 16(a) of the Securities Exchange Act of 1934 and the rules thereunder; and
- 2) do and perform any and all acts for and on behalf of the undersigned which may be necessary or desirable to complete and execute any such Form 3, 4, or 5 or amendment thereto and timely file such form with the United States Securities and Exchange Commission (the "SEC") and any stock exchange or similar authority.

The undersigned hereby grants to each such attorney-in-fact full power and authority to do and perform any and every act and thing whatsoever requisite, necessary, or proper to be done in the exercise of any of the rights and powers herein granted, as fully to all intents and purposes as the undersigned might or could do if personally present, with full power of substitution or revocation, hereby ratifying and confirming all that such attorney-in-fact, or such attorney-in-fact's substitute or substitutes, shall lawfully do or cause to be done by virtue of this Power of Attorney and the rights and powers herein granted. The undersigned acknowledges that the foregoing attorneys-in-fact, in serving in such capacity at the request of the undersigned, are not assuming, nor is the Company assuming, any of the undersigned's responsibilities to comply with Section 16 of the Securities Exchange Act of 1934.

This Power of Attorney shall remain in full force and effect until the undersigned is no longer required to file Forms 3, 4, and 5 with respect to the undersigned's holdings of and transaction in securities of the Company, unless earlier revoked by the undersigned in a signed writing delivered to the foregoing attorneys-in-fact. This Power of Attorney may be filed with the SEC as a confirming statement of the authority granted herein.

IN WITNESS WHEREOF, the undersigned has caused this Power of Attorney to be executed as of this 21st day of July, 2003.

/s/ Richard A. Helmer, M.D. Signature

Richard A. Helmer, M.D. Printed Name