FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHA	NGES IN	I BENEFICIAL	OWNERSHIP

OMB APE	ROVAL			
OMB Number:	3235-0287			
Expires:	December 31, 2014			
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).

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*  LOSSETT RONALD CPA DBA					2. Issuer Name <b>and</b> Ticker or Trading Symbol  MOLINA HEALTHCARE INC [ MOH ]								5. Relationship of Reporti (Check all applicable)			ng Person(s) to Issuer			
(Last)	(Fi	rst) (	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 07/01/2003									Officer (give title below)				(specify
(Street)			4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)							
(City)	(St	ate) (	Zip)		-									X Form filed by One Reporting Person Form filed by More than One Reporti Person					
		Tabl	e I - Non	ı-Deriv	ative	Se	curitie	s Acc	quired,	Dis	posed o	f, or I	Bene	ficia	lly Owr	ed			
Da			2. Trans Date (Month/	Exe Day/Year) if ar		Executio if any	A. Deemed xecution Date, any Month/Day/Year)		Transaction Dispo		Securities Acquired (A) sposed Of (D) (Instr. 3, 4			d Secu Bene	ficially ed Following	Form (D) o	wnership n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership	
						v			Amount	(A (C	() or ()	Price	Trans	action(s) . 3 and 4)			(Instr. 4)		
common stock 07/01			1/2003	2003		J <sup>(1)</sup>		20,00	20,000 A		17.	5	20,000		D				
		Та	ıble II - D								sed of, onvertib				Owne	I			
1. Title of Derivative Security (Instr. 3)  2. Conversion or Exercise Price of Derivative Security  3. Transaction Date (Month/Day/Year) (Month/Day/Year)  (Month/Day/Year)  (Month/Day/Year)		Date,		ransaction of code (Instr. Derivat		rative rities ired r osed )	6. Date E Expiratio (Month/D	n Date	е	7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transactior (Instr. 4)	y C	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	Amo or Num of Shar	ber					

## **Explanation of Responses:**

1. Purchase of shares in the Issuer□s directed share program in connection with its initial public offering.

Ronald D. Lossett by Karen Cahoun, Attorney-In-Fact pursuant to Exhibit 24 hereto

07/03/2003

\*\* Signature of Reporting Person

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.

## FOR SECTION 16(a) FILINGS

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

- 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 Unite d 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 assu ming, 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 2nd day of July, 2003.

	/s/ Ron Lossett
	Signature
&nbs p;	Ronald D. Lossett
17	Printed Name Lossett Family Trust