FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPRO	DVAL					
OMB Number:	3235-0287					
Estimated average burd	len					
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*  MOLINA MARITAL TRUST						2. Issuer Name <b>and</b> Ticker or Trading Symbol  MOLINA HEALTHCARE INC [ MOH ]									neck al	ll appl Direct	icable) or		X 10% C	wner	
(Last) (First) (Middle) C/O WILLIAM DENTINO AND CURTIS PEDERSEN						3. Date of Earliest Transaction (Month/Day/Year) 06/16/2006											Officer (give title below)			otner below)	(specify
555 CAPITOL MALL, SUITE 1500						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) SACRAMENTO CA 95814														X Form filed by One Reporting Person  Form filed by More than One Reporting  Person							
(City)		(State	e) (2	Zip)																	
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
Date					2. Transac Date (Month/Da	Exe ay/Year) if ar		A. Deemed execution Date, any Month/Day/Year)		3. Transaction Code (Instr. 8) 4. Securiti Disposed 5)					4 and Se Be Ov		5. Amount of Securities Beneficially Owned Following		Ownership rm: Direct or Indirect (Instr. 4)	7. Nature of Indirect Beneficial Ownership	
						Code	v	Amount	( <i>A</i>	A) or D)	Price	Ti	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)				
Common Stock 06/16/2							2006		S		14,400		D	\$36.4	36.46		3,026,007		D		
	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	on I se (	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/Da	Date, T	4. Transaction Code (Instr. 8)				6. Date E Expiratio (Month/E	n Dat		Amount o			8. Price Derival Securit (Instr. 5	tive ty 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					C	Code	v	(A)		Date Exercisa		Expiration Date	Title	or	ount nber res						

Explanation of Responses:

William Dentino, Co-Trustee,

by Karen Calhoun, Attorney- 06/19/2006

In-Fact

Curtis Pedersen, Co-Trustee,

by Karen Calhoun, Attorney- 06/19/2006

In-Fact

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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.