# FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

**OMB APPROVAL** OMB Number: Estimated average burden hours per response: 0.5

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

Name and Address of Reporting Person*						2. Issuer Name and Ticker or Trading Symbol MOLINA HEALTHCARE INC [ MOH ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
MOLINA J MARIO MD					***	<u>ULI</u>	177.1	11.71	LIII	<u> </u>	<u> D II (C</u>	mon j		X Directo	r		10% O	wner	
	(Last) (First) (Middle)  MOLINA HEALTHCARE, INC. 2277 FAIR OAKS BOULEVARD, SUITE 440					3. Date of Earliest Transaction (Month/Day/Year) 09/12/2007								X Officer (give title X Other (specify below)  President & CEO / Settlor-Molina Siblings  Trust					
(Street) SACRAMENTO CA 95825-0001					4. 1	f Amer	ndment	, Date	of Origi	nal Fi	led (Month/Da		Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting						
(City)	(S	tate)	(Zip)			Person													
		Tab	le I - N	lon-Deri	vativ	e Sec	curitie	es Ac	cquire	d, D	isposed o	f, or Be	eneficia	ally Owned					
Date				2. Transac Date (Month/Da		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 ar 5)			Beneficially Owned Following		6. Owner: Form: Dir (D) or Ind (I) (Instr.	rect Indir irect Bend 4) Own	7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)			(Inst	(Instr. 4)		
Common Stock 09/12				09/12/2	/2007				J <sup>(1)</sup>		334,768	D	<b>\$0</b> <sup>(1)</sup>	7,774		D			
Common Stock 09/12/20				2007	)7			J <sup>(1)</sup>		334,768	A	\$0 <sup>(1)</sup>	334,768		I	Tru trus	stee of t <sup>(2)</sup>		
Common Stock												142,700		I	lim liab	nager of			
Common Stock													160,000	0	I	par fam	neral ener of iily enership <sup>(4)</sup>		
		٦	Table I								posed of, , convertil								
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. Transa Code ( 8)		5. Number on of		6. Date Expirati (Month/	ion Da		7. Title and Amou of Securities Underlying Derivative Securi (Instr. 3 and 4)		Derivative Security	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 Exercis	able	Expiration Date	Title	Amount or Number of Shares	r					
Stock Option (Right to Buy)	\$31.32							03/01/2008 <sup>(5)</sup>		03/01/2017	Common Stock	36,000		36	5,000	D			

### **Explanation of Responses:**

- 1. The shares were transferred without consideration from Dr. Molina to the Joseph Marion Molina, M.D. Separate Property Trust.
- 2. The shares are owed by the Joseph Marion Molina, M.D. Separate Property Trust, of which Dr. Molina is the sole trustee.
- 3. The shares are owned by the Molina Family, LLC, of which Dr. Molina is the sole manager.
- 4. The shares are owned by the Molina Family Partnership, L.P., of which Dr. Molina is the sole general partner. Dr. Molina and his spouse each hold a 0.5% ownership interest in the partnership. The remaining 99% of ownership interests in the partnership are held in equal amounts by the Joseph Marion Molina, M.D. Annuity Trust No. 1, the Joseph Marion Molina, M.D. Annuity Trust No. 2 and the Joseph Marion Molina, M.D. Annuity Trust No. 3. Dr. Molina is trustee and certain immediate family members of Dr. Molina are the beneficiaries of these trusts.
- 5. The options vest in one-fourth increments on each of 3/1/2008, 3/1/2009, 3/1/2010 and 3/1/2011.

J. Mario Molina, M.D., is also known as Joseph Marion Molina, M.D.

J. Mario Molina, M.D., by Karen Calhoun, Attorney-in-

09/14/2007

**Fact** 

\*\* 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	r.