FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPRO	VAL							
	OMB Number:	3235-0287							
l	Estimated average burden								
l	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 an	2. Issuer Name and Ticker or Trading Symbol MOLINA HEALTHCARE INC [MOH]										heck a	II appl Direct	licable) tor		X 10% C	Owner							
(Last) C/O WIL PEDERS	3. Date of Earliest Transaction (Month/Day/Year) 12/14/2006											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)	(2	Zip)																			
			Table	e I - Nor	n-Deriva	ative	Sec	curitie	s Acq	uired,	Dis	posed o	f, or	Bene	ficia	lly O	wne	d					
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)							ur) E	A. Deemed Execution Date, f any Month/Day/Year)		3. Transaction Code (Instr. 8) 4. Securit Disposed 5)					4 and Sec Bei Ow		Securities Beneficially		Ownership m: Direct or Indirect Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
										Code	v	Amount	((A) or (D)	Price	Ti	Transaction(s) (Instr. 3 and 4)				(111501.4)		
Common	/2006				J ⁽¹⁾		400,00	00	D \$		3,613,96		13,967		D								
			Та									sed of, onvertib				Owr	ned						
1. Title of Derivative Security (Instr. 3)	2. Conversic or Exercis Price of Derivative Security	n Date e (Mont	nnsaction th/Day/Year)	3A. Deeme Execution if any (Month/Da	Date, T	4. Transaction Code (Instr. 8)				6. Date E Expiratio (Month/D	n Dat	Amount of			8. Price Derivat Securit (Instr. !	tive ty 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code	v	(A)		Date Exercisa														

Explanation of Responses:

1. Transfer without consideration to the MRM GRAT 1206/3 and the MRM GRAT 1206/4.

/s/ William Dentino, Co-

Trustee, by Karen Calhoun, 12/15/2006

Attorney-In-Fact

/s/ Curtis Pedersen, Co-

Trustee, by Karen Calhoun, 12/15/2006

Attorney-In-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.