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

1. Name and Address of Reporting Person* MOLINA J MARIO MD						2. Issuer Name and Ticker or Trading Symbol MOLINA HEALTHCARE INC [MOH]									Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner						
	(Last) (First) (Middle) MOLINA HEALTHCARE, INC. 2277 FAIR OAKS BOULEVARD, SUITE 440					3. Date of Earliest Transaction (Month/Day/Year) 12/14/2007									X Officer (give title X Other (specify below) President & CEO / Settlor-Molina Siblings Trust						
(Street) SACRAMENTO CA 95825-0001					4.	4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check App Line) X Form filed by One Reporting Person Form filed by More than One Report											son				
(City)	(S	State) (Zip)			<u> </u>	ative Securities Acquired, Disposed of, or Beneficially Owned														4	
1 Title of 6	Coourity (Inc		le I - N	2. Transac		_	Deeme		quire	d, D	4. Securities				Owned Amount of		6. Owner	shin 7	Nature of	\dashv	
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da					Exed if an	Execution Date, if any (Month/Day/Year)		Transaction Code (Instr. 8)		Disposed Of (D) (Instr. 3		r. 3, 4 an	d Se Be Ow	Securities Beneficially Owned Following Reported		Form: Dir (D) or Ind (I) (Instr.	rect Ir lirect B 4) O	direct eneficial wnership nstr. 4)			
									Code	v	Amount	(A) or (D)	Price	Tra	ansaction(s str. 3 and 4			"	150. 4)		
Common Stock 12/14/20					2007				G ⁽¹⁾		280	A	\$0		8,054		D				
Common Stock														206,86	8	I		rustee of ust ⁽²⁾			
Common Stock														124,70	0	I	n li li	ole anager of mited ability ompany ⁽³⁾			
Common Stock														160,000	0	I	p fa	eneral artner of amily artnership) ⁽⁴⁾		
		7	Table II								posed of, converti				wned						
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. Transaction Code (Instr 8)		5. Number of			Exerci	sable and te	7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)		unt 8. Price of Derivative Security		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Owners Form: Direct (I or Indire (I) (Instr	Benefic O) Owners	rect icial rship	
					Code	de V	(A)		Date Exercisa	able	Expiration Date	Title	Amor or Numl of Share	ber							
Stock Option (Right to Buy)	\$31.32								03/01/2008 ⁽⁵⁾		03/01/2017	Commor Stock	36,0	000		3	6,000	D			

Explanation of Responses:

- 1. Gift from the Mary R. Molina Living 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-

12/14/2007

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.