FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
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0.5

hours per response:

	Check this box if no longer subject to
\neg	Section 16. Form 4 or Form 5
J	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* MARY R MOLINA LIVING TRUST					2. Issuer Name and Ticker or Trading Symbol MOLINA HEALTHCARE INC [MOH]												o of Reportir licable) tor		rson(s) to Is		
(Last) (First) (Middle) C/O WILLIAM DENTINO AND CURTIS PEDERSEN					3. Date of Earliest Transaction (Month/Day/Year) 05/09/2008											Officer (give title below)			•	(specify	
3300 DOUGLAS BLVD., SUTIE 430						4. If Amendment, Date of Original Filed (Month/Day/Year) 05/12/2008									6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) ROSEVILLE CA 95661															X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(S	ate) (Zip)																		
		Tabl	e I - Noi	n-Deriva	ative	Sec	curitie	s Acc	quired,	Dis	posed o	f, or	Bene	eficia	ally C	wne	d				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da				ay/Year) Ex		A. Deemed execution Date, any Month/Day/Year)		Transaction Dispo		Disposed	urities Acquired (A) sed Of (D) (Instr. 3,			id S	5. Amount of Securities Beneficially Owned Following		Forr (D)	wnership m: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A) or D)	Price	Reported Transaction(s) (Instr. 3 and 4)						
Common Stock 05/09/						/2008			J ⁽¹⁾		500,000		D	\$(\$0 1,		1,830,417		D		
		Та									sed of, onvertib				/ Ow	ned					
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)				6. Date E Expiratio (Month/D	n Date		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		str. 3			9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owi Fori Dire or Ii (I) (I	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	Amo or Num of Sha								

Explanation of Responses:

 $1.\ Transfer \ without\ consideration\ to\ MRM\ GRAT\ 508/3.\ (Previously\ reported\ in\ error\ as\ transferred\ to\ MRM\ GRAT\ 308/3.)$

Remarks:

/s/ William Dentino, Co-Trustee, by Karen Calhoun, Attorney-in-Fact; /s/ Curtis Pedersen, Co-Trustee, by Karen Calhoun, Attorney-in-

05/13/2008

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.