FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to Section 16. Form 4 or Form 5	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP
obligations may continue. See	
Instruction 1(b).	Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

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*  MARY R MOLINA LIVING TRUST						2. Issuer Name <b>and</b> Ticker or Trading Symbol  MOLINA HEALTHCARE INC [ MOH ]									Check all a	nship of Reporting I applicable) Director Officer (give title		X 10% C	wner (specify	
(Last) (First) (Middle) C/O WILLIAM DENTINO AND CURTIS PEDERSEN					3. Date of Earliest Transaction (Month/Day/Year) 04/14/2004										low)		below)			
555 CAPITOL MALL SUITE 1500					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
	MENTO CA		95814												Fo	rm filed by On rm filed by Mo rson				
(City)	(St		Zip)																	
		Tabl	e I - Nor			_			quired,	Dis	posed o	-			ally Ow	ned				
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da						Execution Date,			Transaction Disposed Code (Instr. 5)			ities Acquired (A) d Of (D) (Instr. 3, 4			nd Sec Ben Owi	mount of urities eficially led Following orted	For (D)	Ownership m: Direct or Indirect Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount		(A) or (D)	Price	Trar	saction(s) r. 3 and 4)			(	
Common Stock 04/14/2				/2004	2004			G	V	76,15	7	A	\$	) 4	4,750,788		D			
Common Stock 04/15/2				2004				G V		224,003		A	\$	) 4	4,974,791		D			
		Та									sed of, onvertib				y Owne	d				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	Date,	Code (Ins				6. Date E Expiratio (Month/D	n Dat	е	7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		str. 3	8. Price of Derivativ Security (Instr. 5)		,	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amo or Num of Shai	ber						

**Explanation of Responses:** 

/s/ William Dentino, Co-Trustee, Curtis Pedersen, Co-Trustee, by Karen Calhoun,

\*\* Signature of Reporting Person

04/15/2004

Attorney-In-Fact

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.