FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden 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 and Address of Reporting Person* BATTISTE JOSEPHINE M						2. Issuer Name and Ticker or Trading Symbol MOLINA HEALTHCARE INC [MOH]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Volter (specify				
(Last) 2277 FAI SUITE 44		ot) (Middle) OULEVARD			3. Date of Earliest Transaction (Month/Day/Year) 09/05/2007										below) A below) Settlor-Molina Siblings Trust				
(Street) SACRAMENTO CA 95825					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									ine) X	´			
(City) (State) (Zip)						reisuii													
		Tab	le I - Nor			_				Dis	_								
				2. Transaction Date (Month/Day/Year		ar)	2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)				Securi Benefi	cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
									Code	v	Amount		(A) or (D)	Pric		Transa	action(s) 3 and 4)		(111511.4)
Common Stock ⁽¹⁾				09/05/2007		,			G	V	1,450		D	\$ 0 ⁽²⁾ 20		66,295	I	Interest in Trust ⁽³⁾	
Common	Stock ⁽¹⁾															4	0,000	I	Interest in Trust ⁽⁴⁾
Common Stock ⁽¹⁾																6	0,000	I	Interest in Trust ⁽⁵⁾
Common Stock ⁽¹⁾															1		4,681	I	Interest in Trust ⁽⁶⁾
Common Stock ⁽¹⁾														44,856		D			
Common Stock ⁽¹⁾															41,956		I	Interest in Trust ⁽⁷⁾	
Common Stock ⁽¹⁾															154,652		I	Interest in Trust ⁽⁸⁾	
		Ta	able II - D								sed of, onvertib					vned			
1. Title of Derivative Security (Instr. 3)	vative Conversion Date Execution or Exercise (Month/Day/Year) if any		Date, Tran			of Derive Secue Acque (A) or Disposof (D) (Instr	5. Number 6		xercis n Date ay/Ye		Amo Seci Und Deri Seci	7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		8. Price of Derivative Security (Instr. 5)		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
Explanation	of Respons	es:			Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	or Nur of	ount mber ires					

- 1. The reporting person, Josephine M. Battiste, formerly reported under the name Josephine M. Molina.
- 2. Price not applicable to gift.
- 3. The shares are owned by the Josephine M. Battiste Separate Property Trust, of which Ms. Battiste is trustee and beneficiary.
- 4. The shares are owned by the JMB GRAT 607/5, of which Ms. Battiste is a beneficiary and her spouse is trustee.
- 5. The shares are owned by the JMB GRAT 607/2, of which Ms. Battiste is a beneficiary and her spouse is trustee.
- 6. The shares are owned by the Battiste Family Trust, of which Ms. Battiste is a co-trustee and beneficiary.
- 7. The shares are owned by the Molina Children's Trust for Josephine M. Molina (1997), of which Ms. Battiste is a co-trustee and beneficiary.
- 8. The shares are owned by the Josephine M. Molina Trust (1995), of which Ms. Battiste is a co-trustee and beneficiary.

Remarks:

<u>Karen Calhoun, Attorney-in-</u> <u>Fact</u>

** 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.