FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPRO	VAL				
	OMB Number:	3235-0287				
l	Estimated average burd	en				
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

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1. Name an	2. Issuer Name and Ticker or Trading Symbol  MOLINA HEALTHCARE INC [ MOH ]										neck all Di	ship of Reporting applicable) rector	ng Perso	10% C	owner						
(Last) C/O WIL PEDERS	3. Date of Earliest Transaction (Month/Day/Year) 12/03/2007											fficer (give title elow)		otner below)	(specify						
555 CAP	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)																	
			Tabl	e I - Nor	n-Deriva	ative	Sec	curitie	s Acq	uired,	Dis	posed o	f, or	Bene	ficia	lly Ow	ned				
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)							ar) E	A. Deemed xecution Date, any Month/Day/Year)		Transaction Disposed Code (Instr. 5)		ties Acquired (A) I Of (D) (Instr. 3, 4			Sec Ber Ow	amount of curities neficially ned Following ported	Form:	nership Direct Indirect tr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code	v	Amount	(A (I			A) or D)	Price	Tra	Transaction(s) (Instr. 3 and 4)			(111511.4)					
Common	Stock				12/03/	2007	,			J <sup>(1)</sup>		600,00	0	D	\$ <mark>0</mark>		2,213,967	067 D			
			Та									sed of, onvertib				Owne	ed				
1. Title of Derivative Security (Instr. 3)	2. Conversio or Exercis Price of Derivative Security	n Date	s. Transaction Date Month/Day/Year)	3A. Deeme Execution if any (Month/Da	Date, T	I. Fransaction Code (Instr. B)				6. Date E Expiratio (Month/D	n Dat		7. Title and Amount of Securities Underlying Derivative Security (Instr and 4)			8. Price ( Derivativ Security (Instr. 5)		Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	vnership rm: rect (D) Indirect	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				C	Code	v	(A)		Date Exercisa		Expiration Date	Title	Amo or Num of Shar	ber	r						

## **Explanation of Responses:**

1. Transfer without consideration to the MRM GRAT 1207/3.

## Remarks:

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

12/03/2007

<u>Fact</u>

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.