FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPRO	VAL				
OMB Number:	3235-0287				
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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

	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 Vother (specify					
	3. Date of Earliest Transaction (Month/Day/Year) 01/09/2008					below) Settlor-Molina Siblings Trust					
001	4. If Amendment, Date of Original Filed (Month/Day/Year)					Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
n-Derivativ	ve Securities /	\cauir	ed D	isnosed o	of or F	Renefic	ially (Owner	н		
Transaction te onth/Day/Year)	n 2A. Deemed Execution Date,		3. 4. Securities A		Acquired (A) or		5)	5. Amount of Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership	
		Code	v	Amount	(A) or (D)	Price	- 1	Transaction(s) (Instr. 3 and 4)		(In	(Instr. 4)
01/09/2008		S ⁽¹⁾		35,000	D	\$39.29)11 ⁽²⁾	127	7,039	I	See footnote ⁽³⁾
								120),235	D	
								40	,000	I	See footnote ⁽⁴⁾
								60	,000	I	See footnote ⁽⁵⁾
								121	1,937	I	See footnote ⁽⁶⁾
								41	,956	I	See footnote ⁽⁷⁾
								14	,681	D ⁽⁸⁾	
								vned			
ned 4. n Date, Trans	saction of Derivative Securitie Acquired (A) or Disposed of (D)	6. Date Exercis Expiration Date (Month/Day/Yea		ercisable and Date Amount of Securities Underlying Derivative		and nt of ties lying tive ty (Instr. 3	8. Price of Derivative Security (Instr. 5) Ber Own Rej	derivative Securities Beneficially Owned Following Reported Transaction	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
Code	e V (A) (D			Expiration Date	Title	or					
	Derivative e.g., puts, ad Date, by/Year) Out 1/09/2008	3. Date of Earliest Tr 01/09/2008 4. If Amendment, Da 2A. Deemed Execution Date, if any (Month/Day/Year) 1/09/2008 2A. Deemed Execution Date, if any (Month/Day/Year) 1/09/2008 5. Number of Date, if any (Month/Day/Year) 2A. Deemed Execution Date, if any (Month/Day/Year)	MOLINA HEALTH 3. Date of Earliest Transaction 01/09/2008 4. If Amendment, Date of Original Execution Date, if any (Month/Day/Year) Poerivative Securities Acquired Execution Date, if any (Month/Day/Year) Code 1/09/2008 S(1) Code 1/09/2008 S(1) Derivative Securities Acquired e.g., puts, calls, warrants, optimals of Date, of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) Date	MOLINA HEALTHCAR 3. Date of Earliest Transaction (Mon 01/09/2008 4. If Amendment, Date of Original Find Execution Date, if any (Month/Day/Year) 2A. Deemed Execution Date, if any (Month/Day/Year) 2A. Deemed Execution Date, if any (Month/Day/Year) 2A. Deemed Execution Date, if any (Month/Day/Year) 3. Transaction Code (Instr. 8) Code V 1/09/2008 S(1) Derivative Securities Acquired, Disposed of (D) (Instr. 8) 4. Transaction Code (Instr. 8) Code Instr. 8) 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) Date	MOLINA HEALTHCARE INC [3. Date of Earliest Transaction (Month/Day/Year) 01/09/2008 4. If Amendment, Date of Original Filed (Month/Day/Year) 1. Derivative Securities Acquired, Disposed of (Instr. 8) 1. Code V	MOLINA HEALTHCARE INC [MOH] 3. Date of Earliest Transaction (Month/Day/Year) 01/09/2008 4. If Amendment, Date of Original Filed (Month/Day/Year) 2A. Deemed Execution Date, if any (Month/Day/Year) 2A. Deemed Execution Date, if any (Month/Day/Year) 2A. Deemed Execution Date, if any (Month/Day/Year) 3. Transaction Code (Instr. 8) 4. Securities Acquired Disposed Of (D) (Instr. 8) 2D Derivative Securities Acquired, Disposed of, or Be e.g., puts, calls, warrants, options, convertible securities Acquired (Month/Day/Year) 4. Transaction Of Derivative Securities Acquired (Month/Day/Year) 4. Transaction Of Expiration Date (Month/Day/Year) 4. Transaction Of Expiration Date (Month/Day/Year) 5. Number Of Expiration Date (Month/Day/Year) 6. Date Exercisable and Expiration Date (Month/Day/Year) 8. Date Expiration Date (Month/Day/Year)	3. Date of Earliest Transaction (Month/Day/Year) 101 101 102 103 104. If Amendment, Date of Original Filed (Month/Day/Year) 105 106 107 107 108 109 109 109 109 109 109 109	MOLINA HEALTHCARE INC [MOH] 3. Date of Earliest Transaction (Month/Day/Year) 4. If Amendment, Date of Original Filed (Month/Day/Year) 4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual Filed (Month/Day/Year) 7. Transaction Execution Date, if any (Month/Day/Year) 8. Code V Amount (A) or (D) (Instr. 3, 4 and 5) (A) or (D) (Inst	MOLINA HEALTHCARE INC [MOH] Check all application of Office Delow Sett	MOLINA HEALTHCARE INC [MOH] 3. Date of Earliest Transaction (Month/Day/Year) 10.	MOLINA HEALTHCARE INC MOH

- 1. Shares were sold pursuant to the Rule 10b5-1 Trading Plan of the Reporting Person.
- 2. Represents the average sale price of sales on the Transaction Date.
- 3. The shares are owned by the Watt Family Trust, of which Ms. Watt is co-trustee and co-beneficiary.
- 4. The shares are owned by the JMW GRAT 607/5, of which Ms. Watt is a beneficiary and her spouse is trustee.
- 5. The shares are owned by the JMW GRAT 607/2, of which Ms. Watt is a beneficiary and her spouse is trustee.
- 6. The shares are owned by the Janet Marie Watt Trust (1995), of which Ms. Watt is a co-trustee and beneficiary.
- 7. The shares are owned by the Molina Children's Trust for Janet M. Watt (1997), of which Ms. Watt is a co-trustee and beneficiary.
- 8. The shares are owned by Ms. Watt and her spouse as community property.

Remarks:

Janet M. Watt, by Karen Calhoun, Attorney-in-Fact

01/10/2008

** 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.