FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1(h)

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* MOLINA JOHN C				MOLINA HEALTHCARE INC [MOH]									(Check all applicable) X Director Officer (give				10% O	wner			
	nst) (First) (Middle) OLINA HEALTHCARE, INC. 77 FAIR OAKS BOULEVARD, SUITE 440					3. Date of Earliest Transaction (Month/Day/Year) 06/08/2007								I	X Officer (give title X Other (specify below) Exec. V.P., Financial Affairs / Settlor-Molina Siblings Trust						
(Street) SACRAMENTO CA 95825-0001				4. If	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							
(City)	(S		(Zip)														Person		C triair	Топс Керо	rung
1. Title of Security (Instr. 3) 2. Tran			2. Transa	ansaction		2A. Deemed Execution Date, if any (Month/Day/Year)		e, 3.	3. Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			l (A) or	or 5. Amou 4 and Securiti Benefic		nt of s ally ollowing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
									Co	ode \	/	Amount		(A) or (D)	Price	, т	ransacti nstr. 3 a	ion(s)			(Instr. 4)
Common	Stock			06/08	/200	7			J	(1)		50,00	0	D	\$0	(1)	741	,133		D	
Common Stock			06/08/2007		7			J	(1)		20,00	0	A	\$0	(1)	20,000			I	Trust ⁽²⁾	
Common Stock 06			06/08	/08/2007				J	(1)		30,00	0	A	\$0	(1)	30,	000		I	Trust ⁽³⁾	
Common	Stock																3,352	2,781		1	Trustee of Family Trust ⁽⁴⁾
Common	Stock																7,4	136		D ⁽⁵⁾	
Common Stock																50,394				Trustee of Family Trust ⁽⁶⁾	
		٦	Γable II - I (sed of, onvertil				y Ow	ned				
1. Title of Derivative Security (Instr. 3)	erivative Conversion Date Execution Courity or Exercise (Month/Day/Year) if any			d 4. Date, Tran Code		ction Instr.	5. Number 6. D of Exp			Exerc tion Da /Day/Y	isab ite			Amoun s security	ount 8. Price of Derivative Security		9. Number derivative Securities Securities Owned Following Reported Transactic (Instr. 4)	e S Illy	Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Beneficial Ownership (Instr. 4)	
				C	ode	v	(A)	(D)	Date Exercis	sable	Ex Da	piration ate	Title	N O	Amoun or Number of Shares						
Stock Option (Right to Buy)	\$31.32								03/01/2	2008 ⁽⁷⁾	03	/01/2017	Comr		36,000			36,000	0	D	

Explanation of Responses:

- 1. The shares were transferred without consideration from Mr. Molina to the JCM GRAT 602/5 and the JCM GRAT 607/2, of which Mr. Molina is a beneficiary.
- 2. The shares are owned by the JCM GRAT 607/5, of which Mr. Molina is a beneficiary.
- 3. The shares are owned by the JCM GRAT 607/2, of which Mr. Molina is a beneficiary.
- 4. The shares are owned by the Molina Siblings Trust, of which Mr. Molina is the trustee and certain immediate family members of Mr. Molina are the beneficiaries.
- 5. The shares are owned by Mr. Molina and his spouse as community property.
- 6. The shares are owned by the M/T Molina Children's Education Trust, of which Mr. Molina is the trustee and certain immediate family members of Mr. Molina are the beneficiaries.
- 7. The options vest in one-fourth increments on each of 3/1/2008, 3/1/2009, 3/1/2010 and 3/1/2011.

Remarks:

John C. Molina, by Karen Calhoun, Attorney-in-Fact

06/08/2007

** Signature of Reporting Person

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 contain	ined in this form are not required to	respond unless the form displays a	currently valid OMB Number.