FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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	OMB Number:	3235-0287
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- 1	Estimated average	burgen

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

OMB APPROVAL							
OMB Number:	3235-0287						
Estimated average burden							
hours per response:	0.5						

1. Name and Address of Reporting Person* MOLINA JOHN C						MOLINA HEALTHCARE INC [MOH]									S. Relationship of Reporting Person(s) to issuer (Check all applicable) X Director 10% Owner X Officer (give title X Other (specify below)					
(Last) (First) (Middle) MOLINA HEALTHCARE, INC. 2277 FAIR OAKS BOULEVARD, SUITE 440							3. Date of Earliest Transaction (Month/Day/Year) 06/11/2007										Affair	below) S / Settlor-Molina		
(Street) SACRAMENTO CA 95825-0001					4. 1	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)											F	Person			опеттеро		
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Y				ion	n 2A. De Execu (ear) if any		Deemed cution Date,		ed, D				5. Amo Securi Benefi Owned		s ally following	Form (D) or	: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) or (D)	Price	Ti	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common Stock			06/11/2	06/11/2007						20,000	D	\$30.59	27 ⁽²⁾	721,133		D				
Common	Stock													\perp	20,	000		I	Trust ⁽³⁾	
Common	Stock													30,000				I	Trust ⁽⁴⁾	
Common Stock													3,		352,781		I	Trustee of Family Trust ⁽⁵⁾		
Common	Common Stock														7,4	436]	D ⁽⁶⁾		
Common Stock											50		50,394		I	Trustee of Family Trust ⁽⁷⁾				
		-	Table I								sposed of				ned					
1. Title of Derivative Security (Instr. 3)	Title of 2. 3. Transaction 3A. Deemed 4. 5. Number 2. Security or Exercise (Month/Day/Year) if any Code (Instr. Derivative)				rative rative rities rired rosed)		Exerc	isable and	7. Title a of Secu Underly	and Amou rities ing ve Securit	unt 8. Price of Derivative Security	ative irity		e Ow s For lly Dire or I	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)				
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amour or Number of Shares	er						
Stock Option (Right to Buy)	\$31.32								03/01/2	:008 ⁽⁸⁾	03/01/2017	Commo Stock	ⁿ 36,00	0		36,000		D		

Explanation of Responses:

- 1. The shares were sold under the Rule 10b5-1 Trading Plan of the Reporting Person.
- 2. Represents the weighted average sale price of sales on the transaction date.
- 3. The shares are owned by the JCM GRAT 607/5, of which Mr. Molina is a beneficiary.
- 4. The shares are owned by the JCM GRAT 607/2, of which Mr. Molina is a beneficiary.
- 5. 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.
- 6. The shares are owned by Mr. Molina and his spouse as community property.
- 7. 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.
- 8. 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

06/12/2007

** 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.