FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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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).

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						2. Issuer Name and Ticker or Trading Symbol MOLINA HEALTHCARE INC [MOH]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
WOLII	VA JUIII	<u> </u>			_ _							_		X	Directo			10% O\		
(Last) (First) (Middle) MOLINA HEALTHCARE, INC. 2277 FAIR OAKS BOULEVARD, SUITE 440						3. Date of Earliest Transaction (Month/Day/Year) 07/16/2007								X Exec	below)	Officer (give title X Other (spec below) 7.P., Financial Affairs / Settlor-M Siblings Trust				
(Street) SACRAMENTO CA 95825-0001					4.1	Line									Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting					
(City)	(Si	tate)	(Zip)												Person		c triair	Опс теро	rung	
		Tab	le I - N	Non-Deri	vativ	e Sec	curiti	es A	cquire	d, D	isposed c	of, or B	enefic	ially	Owned					
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day				Exec if any	2A. Deemed Execution Date, if any (Month/Day/Year)					s Acquired (A) or of (D) (Instr. 3, 4 and 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		Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)			
Common Stock		07/16/2	2007			J ⁽¹⁾		15,974	D	\$31.88	344 ⁽²⁾	3,334,382		I		Trustee of Family Trust ⁽³⁾				
Common Stock														721,133			D			
Common Stock												20,000		,000		I	Trust ⁽⁴⁾			
Common Stock															30,000		I	Trust ⁽⁵⁾		
Common	Stock														7,	7,436		D ⁽⁶⁾		
Common Stock													50,394			1	Trustee of Family Trust ⁽⁷⁾			
		7	Table I								sposed of, , converti				wned					
1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercis Price of Derivative Security		ercise (Month/Day/Year of utive	3A. Deemed Execution Date, if any		4. Transa Code (8)	ction	5. Number of		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amou of Securities Underlying Derivative Securi (Instr. 3 and 4)		unt 8. Price of Derivativ Security			ly	Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership	
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amou or Numb of Share	per						
Stock Option (Right to Buy)	\$31.32								03/01/2	008 ⁽⁸⁾	03/01/2017	Commor Stock	ⁿ 36,0	00		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 Molina Sibilings Trust, of which Mr. Molina is the trustee and certain immediate family members of Mr. Molina are the beneficiaries.
- 4. The shares are owned by the JCM GRAT 607/5, of which Mr. Molina is a beneficiary.
- 5. The shares are owned by the JCM GRAT 607/2, of which Mr. Molina is a beneficiary.
- 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

07/17/2007

** 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.