FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPRO | OVAL | | | | |
|------------------------|-----------|--|--|--|--|
| OMB Number: | 3235-0287 | | | | |
| Estimated average burd | en | | | | |
| 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

| 1. Name and Address of Reporting Person* MARY R MOLINA LIVING TRUST | | | | | | 2. Issuer Name and Ticker or Trading Symbol MOLINA HEALTHCARE INC [MOH] | | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner Officer (give title Other (specify | | | | |
|--|---|--|---|---------------------------|--|---|---|--------|-------------------------------------|-------------|---------------------|---|-------------------------------|---------------------|--|--|--|---|--|
| (Last) (First) (Middle) C/O WILLIAM DENTINO AND CURTIS PEDERSEN | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/15/2008 | | | | | | | | | | fficer (give title elow) | | below) | |
| 3300 DOUGLAS BLVD., SUTIE 430 (Street) ROSEVILLE CA 95661 | | | | | 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 | | | | |
| (City) | (St | ate) (| Zip) | | | | | | | | | | | | , | ersori | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | Execu ay/Year) if any | | A. Deemed xecution Date, any Month/Day/Year) | | Transaction Dispose Code (Instr. 5) | | Disposed | ties Acquired (A) d Of (D) (Instr. 3, | | | d See Bei Ow | Amount of curities neficially ned Following ported | 6. Owner Form: D (D) or Ir (I) (Instr | Direct ndirect | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | Code | v | Amount | () | A) or D) | Price | Tra | nsaction(s) str. 3 and 4) | | | (111511.4) | | | |
| Common Stock 12/15/ | | | | | /2008 | | | | J ⁽¹⁾ | | 652,83 | 85 | A | \$ <mark>0</mark> (| 1) | 2,661,651 | Г |) | |
| | | Та | | | | | | | | | sed of, onvertib | | | | Own | ed | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Da | Date, Transac Code (Ir | | | | | 6. Date I Expirati (Month/ | on Dat | | 7. Title and Amount of Securities Underlying Derivative Security (Instant 4) | | | 8. Price Derivativ Security (Instr. 5) | derivative Securities | Owi Fori Dire or Ii (I) (I | nership m: ect (D) ndirect nstr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code V | | (A) | (D) | Date Exercisa | | Expiration Date | Title | Amo or Num of Sha | ber | | | | | |

Explanation of Responses:

1. Transfer without consideration from MRM GRAT 905/4A, MRM GRAT 905/4B, MRM GRAT 905/7B, MRM GRAT 1206/3 and MRM GRAT 1206/4, of which Mr. Dentino and Mr. Pedersen are co-trustees

Remarks:

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

12/16/2008

Fact

** 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.