FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
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

1. Name and Address of Reporting Person* WHITE JOSEPH W CPA						2. Issuer Name and Ticker or Trading Symbol MOLINA HEALTHCARE INC [MOH]										k all applic Director	able)	y Pers	on(s) to Issu 10% Ow	/ner	
(Last)		First) ALTHCARE, INC	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 02/10/2004										Officer below)	Officer (give title below) V.P., Ac		Other (s below) ting	pecify	
ONE GOLDEN SHORE DRIVE																Individual or Joint/Group Filing (Check Applicable					
(Street)	Street) LONG BEACH CA 90802					4. If Amendment, Date of Original Filed (Month/Day/Year)									Line)						
(City)	(State)	(Zip)			Person															
		Tal	ble I - Nor	n-Deri	ivativ	e Se	curi	ties Ac	cqu	ıired, D	isp	osed o	f, or Be	nef	icially	Owned					
Date				Date	. Transaction Pate Month/Day/Year)		2A. Deemed Execution Date if any (Month/Day/Yea		Code (Instr					4 and Securitie Benefici Owned I		es Form ally (D) (Following (I) (I		: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
										Code V		Amount	(A) or (D)		Price	Reported Transacti (Instr. 3 a	tion(s)			(III301. 4)	
Common	Stock															8	79	D			
			Table II -									sed of, onvertib				Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deemed Execution D if any (Month/Day	ate,		Transaction Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Date Exerc piration Da onth/Day/Y	ate	of Securities		ties Ig e Sed	curity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	s S Ily	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)	
					Code	v	(A)	(D)	Da: Ex	te ercisable		Expiration Date	Title	or Nu of	nount imber ares						
Stock Option (Right to Buy)	\$25.33	02/10/2004			A			15,000	02/	/10/2005 ⁽¹⁾	0	2/10/2014	Common Stock	15	5,000	\$25.33	15,000	0	D		

Explanation of Responses:

1. The option vests one-third on each of 2/10/05, 2/10/06 and 2/10/07.

Joseph W. White, CPA, by

Karen Calhoun, Attorney-in- 02/12/2004

<u>Fact</u>

** 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.