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

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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person* MOLINA J MARIO MD						2. Issuer Name and Ticker or Trading Symbol MOLINA HEALTHCARE INC [MOH]								S. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner Officer (give title Other (creeity))				
(Last) (First) (Middle) MOLINA HEALTHCARE, INC. 2277 FAIR OAKS BOULEVARD, SUITE 440						3. Date of Earliest Transaction (Month/Day/Year) 03/01/2007								X Officer (give title X Other (specify below) President & CEO / Settlor-Molina Siblings Trust				
(Street) SACRAMENTO CA 95825-0001 (City) (State) (Zip)					4.	If Ame	ndment,	Date o	of Origin	al File	d (Month/Day		Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(5		(Zip) ole I - N	on-Der	ivativ	e Se	curitie	s Ac	auire	d. Di	sposed of	f. or Be	neficia	Ily Owned				
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day)				action	2A. Exe	A. Deemed xecution Date, any //onth/Day/Year		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or			5. Amount of Securities Beneficially Owned Following		6. Owners Form: Dir (D) or Ind (I) (Instr. 4	ect Indi irect Ber	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Common Stock														159,700		I	lin lia	nager of iited pility npany ⁽¹⁾
Common Stock														372,54	2	D		
Common Stock														160,000		I		neral tner of nily tnership ⁽²⁾
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transa Code (8)		on of		6. Date Expirati (Month/	ion Da			ities ng re Security	Derivative Security	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amoun or Numbe of Shares	r				
Stock Option (Right to	\$31.32	03/01/2007			A		36,000		03/01/20	008 ⁽³⁾	03/01/2017	Common Stock	36,00	0 \$0	3	6,000	D	

Explanation of Responses:

- 1. The shares are owned by the Molina Family, LLC, of which Dr. Molina is the sole manager.
- 2. The shares are owned by the Molina Family Partnership, L.P., of which Dr. Molina is the sole general partner. Dr. Molina and his spouse each hold a 0.5% ownership interest in the partnership. The remaining 99% of ownership interests in the partnership are held in equal amounts by the Joseph Marion Molina, M.D. Annuity Trust No. 1, the Joseph Marion Molina, M.D. Annuity Trust No. 2 and the Joseph Marion Molina, M.D. Annuity Trust No. 3. Dr. Molina is trustee and certain immediate family members of Dr. Molina are the beneficiaries of these trusts.
- 3. The options vest in one-fourth increments on each of 3/1/2008, 3/1/2009, 3/1/2010 and 3/1/2011.

Remarks:

Mario J. Molina, M.D., by Karen Calhoun, Attorney-in-

03/02/2007

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.