FORM 4

obligations may continue. See Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

C. 20549

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

Name and Address of Reporting Person* MOLINA JOHN C					2. Issuer Name and Ticker or Trading Symbol MOLINA HEALTHCARE INC [MOH]										Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director X 10% Owner					
(Last) (First) (Middle) C/O MOLINA HEALTHCARE, INC. ONE GOLDEN SHORE DRIVE							3. Date of Earliest Transaction (Month/Day/Year) 12/22/2004									belov	•	X Other below	´	
(Street)	Street) LONG BEACH CA 90802					4. If Amendment, Date of Original Filed (Month/Day/Year)									6. 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		Zip)	Davis	ative Securities Acquired, Disposed of, or Beneficially Owned															
1. Title of Security (Instr. 3) 2. Ti				2. Transa Date	. Transaction		2A. Deemed Execution Date,		3. Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3,				5. An 4 and Secu Bene Owne		ount of ties cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	t (A) or (D)		Price			ed action(s) 3 and 4)		(Instr. 4)	
Common	Stock			12/22	/2004	4			G	V	274		A	\$()	43	88,833	D		
Common	Stock															16	61,976	I	Trustee of Family Trust ⁽¹⁾	
Common	Stock															43	36,244	I	Trustee of Family Trust ⁽²⁾	
Common	Stock															19	92,303	I	Trustee of Family Trust ⁽³⁾	
Common Stock															62,933		I	Trustee of Family Trust ⁽⁴⁾		
Common Stock																3,356,000		I	Trustee of Family Trust ⁽⁵⁾	
Common Stock																50,394		I	Trustee of Family Trust ⁽⁶⁾	
		Ta	able II - De								sed of, onvertib				y Ov	vned				
1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security 3. Transaction Date (Month/Day/Year) if any (Month/Day				d 4. Date, Transactio		action	5. Number 6		6. Date E: Expiratio (Month/D	xercis n Date	able and				8. Price of Derivative Security (Instr. 5)		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	or Nun of	ount nber ıres							

Explanation of Responses:

- 1. The shares are owned by the MRM GRAT 303/2, of which Mr. Molina is the trustee and certain immediate family members of Mr. Molina are the beneficiaries.
- 2. The shares are owned by the MRM GRAT 301/3, of which Mr. Molina is the trustee and certain immediate family members of Mr. Molina are the beneficiaries.
- 3. The shares are owned by the John C. Molina Trust (1995), of which Mr. Molina is a co-trustee and beneficiary.
- 4. The shares are owned by the Molina Children's Trust for John C. Molina (1977), of which Mr. Molina is a co-trustee and 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 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.

/s/ John C. Molina, by Karen Calhoun, Attorney-In-Fact 12/23/2004

** 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.