FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

l	OIVID APPROVAL									
l	OMB Number:	3235-0287								
l	Estimated average bu	ırden								

0.5

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 hours per response: Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

					OI	Secu	on 30(n)	oi trie	investment C	этграну Аст	01 1940							
1. Name and Address of Reporting Person* KULICH ROMAN						2. Issuer Name and Ticker or Trading Symbol MOLINA HEALTHCARE INC [MOH]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
					,								Officer	give title		Other (s		
(Last)	(First)	(Middle)		3. 0	3. Date of Earliest Transaction (Month/Day/Year)							below)	(9.10.111		below)	,,,,,	
C/O MOLINA HEALTHCARE, INC.						02/10/2004							President & CEO of Subsidiary					
ONE GOLDEN SHORE DRIVE						4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable					
(Chroat)				- "	4. If Americanient, Date of Original Filed (Month/Ddy/fedf)							Line)						
(Street)	REACH (-Δ	90802										X Form filed by One Reporting Person					
LONG BEACH CA 90802				,								Form filed by More than One Reporting Person						
(City)	(State)	(Zip)															
		Tal	ole I - Non	-Deriv	/ativ	e Se	curitie	s Ac	quired, Di	sposed o	f, or Ber	neficially	y Owned					
1. Title of Security (Instr. 3) 2. Transa Date (Month/D						Execution Date		Code (Instr. 5)					es Fo ally (D) Following (I)	Form	: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership		
									Code V	Amount	(A) or (D)	Price	Reported Transact (Instr. 3 a	ion(s)			(Instr. 4)	
									uired, Disp s, options,			-	Owned	'				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	se (Month/Day/Year	3A. Deemed Execution Date if any (Month/Day/Yea	ate, Tr	4. Transaction Code (Instr 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	s lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)	
				C	Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares						
Stock Option (Right to Buy)	\$25.33	02/10/2004			A		20,000		02/10/2005 ⁽¹⁾	02/10/2014	Common Stock	20,000	\$25.33	20,000)	D		

Explanation of Responses:

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

Roman Kulich, by Karen Calhoun, Attorney-In-Fact

02/12/2004

** 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.