FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

ı	OMB APPRO	OVAL
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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*  BERNADETT MARY MARTHA MD					2. Issuer Name and Ticker or Trading Symbol  MOLINA HEALTHCARE INC [ MOH ]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director  Officer (give title Other (specify					
	A HEALTH	rst) CARE, INC. SOULEVARD, S	(Middle)	)		Date o /20/2		t Trar	nsactio	n (Mon	nth/D	ay/Year)			E:	below)	Developi	X Other (speci below)  ment / Settlor-Moli gs Trust		
(Street) SACRAMENTO CA 95825-0001			4. 1	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)	(Si		(Zip) ole I - Nor	n-Deriv	vativ	e Se	curitie	s A	cauir	ed. D	)isn	osed o	f. or Be	enefi	cially	/ Owned				
1. Title of Security (Instr. 3)		2. Trans	2. Transaction		2A. Deemed Execution Date,		e, Ti	3. Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3,		) or	5. Amour Securitie Beneficia Owned F	5. Amount of Securities Beneficially Owned Following		Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership			
									С	ode	v	Amount	(A) (D)	or P	rice	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Common	Stock			02/2	0/200	8			$\perp$	S		14,28	6 D		\$35	446,	174 <sup>(1)</sup>	D		
Common Stock														26,765		I		Trustee of Family Trust <sup>(2)</sup>		
Common	Stock													40,000		000		I	Trust <sup>(3)</sup>	
Common	Stock															60,000			I	Trust <sup>(4)</sup>
Common	Stock															87,601		I		Trustee of Family Trust <sup>(5)</sup>
Common Stock														14,681			I	Trustee of Family Trust <sup>(6)</sup>		
		1	Table II -									sed of, onvertik				Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution I if any (Month/Day	Date,	4. Transa Code ( 8)	ction	5. Number 6. of Ex			e Exerc ation D h/Day/	ate					8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e (Cester Cester	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exerc	isable		xpiration ate	Title	or	ount mber ires					
Stock Option (Right to Buy)	\$31.32	03/01/2007			A		3,000		03/01/	/2008 <sup>(7</sup>	0	3/01/2017	Commor Stock	3,0	000	\$0	3,000		D	

- 1. 3,500 of the shares were granted under the Company's 2002 Equity Incentive Plan and will "vest" or not be subject to restriction in one-fourth increments on each of 3/1/2008, 3/1/2009, 3/1/2010 and
- 2. The shares are owned by ten Exempt Grandchildren Trusts II, of which Dr. Bernadett is the trustee and certain immediate family members of Dr. Bernadett and her siblings are the beneficiaries.
- 3. The shares are owned by the MMB GRAT 607/5, of which Dr. Bernadett is a beneficiary and her spouse is trustee.
- $4. \ The \ shares \ are \ owned \ by \ the \ MMB \ GRAT \ 607/2, \ of \ which \ Dr. \ Bernadett \ is \ a \ beneficiary \ and \ her \ spouse \ is \ trustee.$
- 5. The shares are owned by eleven Exempt Grandchildren Trusts, of which Dr. Bernadett is the trustee and certain immediate family members of Dr. Bernadett and her siblings are the beneficiaries.
- 6. The shares are owned by the Bernadett Family Trust dated 2/22/2004, of which Dr. Bernadett is co-trustee and co-beneficiary.
- $7. \ The \ options \ vest \ in \ one-fourth \ increments \ on \ each \ of \ 3/1/2008, \ 3/1/2009, \ 3/1/2010 \ and \ 3/1/2011.$

## Remarks:

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.