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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hours per response:	0.5							

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* WATT JANET M				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 X Other (specify below) Settlor-Molina Siblings Trust							
(Last) (First) (Middle) MOLINA HEALTHCARE, INC. 2277 FAIR OAKS BOULEVARD, SUITE 440				3. Date of Earliest Transaction (Month/Day/Year) 10/08/2007													
(Street) SACRAMENTO CA 95825-0001 (City) (State) (Zip)				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					
(0.5)	(0.			Non-Deriv	ative	e Seci	urities A	Acqui	red,	Disposed o	of, or I	Benefic	cially	Owne	ed		
1. Title of Security (Instr. 3) 2. Tran		2. Transactio			2A. Deemed Execution Date, if any (Month/Day/Year)		action (Instr.	4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and		Benefici Owned I		ies cially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership			
							Code	v	Amount	(A) or (D)	Price		Reported Transaction(s) (Instr. 3 and 4)		("	(Instr. 4)	
Common	Stock			10/08/20	07			S ⁽¹⁾		12,500	D	\$34.62	273 ⁽²⁾	1	6,445	I	See footnote ⁽³⁾
Common	Stock													26	7,359	D	
Common	Stock													4	0,000	I	See footnote ⁽⁴⁾
Common	Stock													6	0,000	I	See footnote ⁽⁵⁾
Common	Stock													12	1,937	I	See footnote ⁽⁶⁾
Common	Stock													4	1,956	I	See footnote ⁽⁷⁾
Common	Stock													1	4,681	D (8)	
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																	
Derivative Conversion Date Execu- Security or Exercise (Month/Day/Year) if any				5. Number of of of Derivative		er 6. I Ex (Mo	6. Date Exercisabl Expiration Date (Month/Day/Year)				8. Price of Derivative Security (Instr. 5)	vative urity		Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
Explanation	of Respons	96.			Code	v	(A) (D	Da) Ex	te ercisab	Expiration le Date	Title	Amount or Number of Shares					

- 1. The shares were sold under the Rule 10b5-1 Trading Plan of the Reporting Person.
- 2. Represents the weighted average sales price of all sales on the transaction date.
- 3. The shares are owned by the Watt Family Trust, of which Ms. Watt is co-trustee and co-beneficiary.
- 4. The shares are owned by the JMW GRAT 607/5, of which Ms. Watt is a beneficiary and her spouse is trustee.
- 5. The shares are owned by the JMW GRAT 607/2, of which Ms. Watt is a beneficiary and her spouse is trustee.
- 6. The shares are owned by the Janet Marie Watt Trust (1995), of which Ms. Watt is a co-trustee and beneficiary.
- 7. The shares are owned by the Molina Children's Trust for Janet M. Watt (1997), of which Ms. Watt is a co-trustee and beneficiary.
- 8. The shares are owned by Ms. Watt and her spouse as community property.

Remarks:

Janet M. Watt, by Karen Calhoun, Attorney-in-Fact

10/09/2007

** 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.