

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

OMB APPROVAL	
OMB Number:	3235-0287
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1. Name and Address of Reporting Person* Molina Josephine M (Last) (First) (Middle) 2277 FAIR OAKS BOULEVARD, SUITE 440 (Street) SACRAMENTO CA 95825 (City) (State) (Zip)	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 below) <input checked="" type="checkbox"/> Other (specify below) Settlor-Molina Siblings Trust
	3. Date of Earliest Transaction (Month/Day/Year) 08/06/2008	
	4. If Amendment, Date of Original Filed (Month/Day/Year) 08/08/2008	
		6. Individual or Joint/Group Filing (Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			
Common Stock	08/06/2008		J ⁽¹⁾		125,000	A	\$0	345,701	I	Interest in Trust ⁽²⁾
Common Stock								32,978	I	Interest in Trust ⁽³⁾
Common Stock								27,616	I	Interest in Trust ⁽⁴⁾
Common Stock								38,806	I	Interest in Trust ⁽⁵⁾
Common Stock								45,136	D	
Common Stock								14,681	I	Interest in Trust ⁽⁶⁾
Common Stock								41,956	I	Interest in Trust ⁽⁷⁾
Common Stock								118,652 ⁽⁸⁾	I	Interest in Trust ⁽⁹⁾

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. 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 of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	V	(A)	(D)					

Explanation of Responses:

- Distribution without consideration from the Molina Siblings Trust.
- The shares are owned by the Josephine M. Battiste Separate Property Trust, of which Ms. Battiste is trustee and beneficiary.
- The shares are owned by the JMB GRAT 607/5, of which Ms. Battiste is a beneficiary and her spouse is trustee.
- The shares are owned by the JMB GRAT 607/2, of which Ms. Battiste is a beneficiary and her spouse is trustee.
- The shares are owned by the Josephine M. Molina Remainder Trust I, of which Ms. Battiste is trustee and beneficiary.
- The shares are owned by the Battiste Family Trust, of which Ms. Battiste is a co-trustee and beneficiary.
- The shares are owned by the Molina Children's Trust for Josephine M. Molina (1997), of which Ms. Battiste is a co-trustee and beneficiary.
- All Form 4 filings for the Reporting Person beginning December 8, 2005 inadvertently overstated this holding by 36,000 shares.

9. The shares are owned by the Josephine M. Molina Trust (1995), of which Ms. Battiste is a co-trustee and beneficiary.

Jeff D. Barlow, by power of
attorney for Josephine M.
Battiste.

10/08/2008

** 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.