# FORM 4

#### UNITED STATES SECURITIES AND EXCHANGE COMMISSION

### 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

1. Name and Address of Reporting Person*		2. Issuer Name <b>and</b> Ticker or Trading Symbol  MOLINA HEALTHCARE INC [ MOH ]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
KULICH ROMAN							Director	10% C				
(Last) (First) (Middle)	3. D	Date of Earliest Transac	ction (M	onth/D	Day/Year)	X	Officer (give title below)	Other (specify below)				
C/O MOLINA HEALTHCARE, INC.	01/	01/29/2004						President & CEO of Subsidiary				
ONE GOLDEN SHORE DRIVE	4 15	f A	0-1-11	E11	(A.4 + t - 1D 1) (	C. In all	6 Individual or Joint/Croup Filing (Cheek Applicable					
(Street)	f Amendment, Date of	Originai	Filea	(Month/Day/Y	Line)	· /						
LONG BEACH CA 90802								X Form filed by One Reporting Person  Form filed by More than One Reporting				
						Person						
(City) (State) (Zip)												
Table I - No	n-Derivative	ative Securities Acquired, Disposed of, or Beneficially Owned										
1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Yea	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Disposed Of 5)			5. Amount of Securities Beneficially Owned Following Reported	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	Transaction(s) (Instr. 3 and 4)		(111501.4)		
Common Stock	01/29/2004	4	X		5,000	A	\$4.5	6,154	D			
Common Stock	01/29/2004	4	S <sup>(1)</sup>		5,000	D	\$25.7	1,154	D			
Common Stock	01/30/2004	4	X		20,000	A	\$4.5	21,154	D			
Common Stock	01/30/2004	4	<b>S</b> <sup>(2)</sup>		20,000	D	\$25.75	1,154	D			

## Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (a.g. nute calle warrante ontione convertible securities)

(e.g., puts, cans, 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. Transa Code ( 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)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Stock Option (Right to Buy)	\$4.5	01/29/2004		X			5,000	(3)	10/29/2011	Common Stock	5,000	\$0	39,440	D	
Stock Option (Right to Buy)	\$4.5	01/30/2004		X			20,000	(4)	10/29/2011	Common Stock	20,000	\$0	19,440	D	

## **Explanation of Responses:**

- 1. The sales reported on this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on December 30, 2003.
- 2. The sales reported on this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on December 30, 2003.
- 3. Options became fully exercisable upon the closing of the initial public offering of Molina Healthcare, Inc. Prior thereto, options to purchase the shares vested as to (i) 14,665 shares on 4/7/2003; (ii) 14,665 shares on 4/7/2004; and (iii) 15,110 shares on 4/7/2005.
- 4. Options became fully exercisable upon the closing of the initial public offering of Molina Healthcare, Inc. Prior thereto, options to purchase the shares vested as to (i) 14,665 shares on 4/7/2003; (ii) 14,665 shares on 4/7/2004; and (iii) 15,110 shares on 4/7/2005.

Roman Kulich, by Nicholas Arbuckle, Attorney-In-Fact

01/30/2004

\*\* 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.