FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF	CHANGES IN BENI	EFICIAL OWNERSHIP

OMB Number: Estimated average burden hours per response: 0.5

OMB APPROVAL

	ions may conti tion 1(b).	nue. See		File								s Exchar			34		hours	s per re	esponse:	0.5
1. Name and Address of Reporting Person* ANDREWS MARK L ESQ (Last) (First) (Middle) 2277 FAIR OAKS BOULEVARD, SUITE 440					2. I <u>M</u> 3. [2. Issuer Name and Ticker or Trading Symbol MOLINA HEALTHCARE INC [MOH] 3. Date of Earliest Transaction (Month/Day/Year) 03/23/2010										5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify below) Chief Legal Officer				wner
(Street) SACRAMENTO CA 95825 (City) (State) (Zip)					- 4. I	4. If Amendment, Date of Original Filed (Month/Day/Year)									Lin	Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Tab	le I - No	n-Deriv	/ative	e Se	curiti	es A	cquire	d, D	isp	osed o	of, or	Ben	eficial	ly Owne	ed			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)					Execution Date,			Cod	Transaction Disposed C Code (Instr. 5)			ities Acquired (A) o d Of (D) (Instr. 3, 4 a			Securi Benefi	cially I Following	Forr (D)	m: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Cod	e v		Amount	(A (D	A) or D)	Price	Transa	action(s) 3 and 4)			(
Common	Stock			03/23	3/2010	2010			S	S		19,500 D		D	\$25.2	.(1) 51	51,373(2)		D	
		Т	able II -	Deriva (e.g., p												Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/Da	Date,	4. Transaction Code (Instr. 8)				6. Date Exercisa Expiration Date (Month/Day/Yea		ite	le and	7. Title and Amor of Securities Underlying Derivative Secur (Instr. 3 and 4)		ecurity	8. Price of Derivative Security (Instr. 5)		e s Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership ct (Instr. 4)
					Code	v	(A)	(D)	Date Exercis	able	Exp Dat	oiration te	Title	0 0	Amount or Number of Shares					
Stock Option (Right to Buy)	\$25.33								(3)		02/:	10/2014	Commo Stock		30,000		30,00	0	D	
Stock Option	¢44.20								(3)		07//	01/2015	Comm	on 1	12.000		12.00	0		

Explanation of Responses:

- 1. Represents the actual selling price for all 19,500 shares.
- 2. Increments of 3,400 shares vest on each of 3/1/2011, 3/1/2012, 3/1/2013, and 3/1/2014; additional increments of 3,400 shares vest on each of 3/1/2011, 3/1/2012, and 3/1/2013; 1,000 shares vest on 7/1/2010; 1,387 shares vest on 3/1/2011; and increments of 3,175 shares vest on each of 3/1/2011 and 3/1/2012. The remainder of the shares are vested.

(3)

(3)

(4)

Common

Stock

Common

Stock

12,000

21,000

11,000

12,000

21 000

11,000

D

D

D

07/01/2015

02/02/2016

03/01/2017

3. The options are vested and exercisable.

\$44.29

\$28.66

\$31.32

(Right to Buy) Stock Option

(Right to

(Right to

Buy)

Buy) Stock Option

4. 8,250 of the options are vested; 2,750 options vest on 3/1/2011.

Mark L. Andrews 03/23/2010

** 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.