(Last)

(Street)

(City)

1. Title of

Derivative

Security

1

**PEDERSEN** 

ROSEVILLE

FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

# STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
OMB Number:	3235-028									
Estimated average	burden									

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b)

1. Name and Address of Reporting Person\*

MARY R MOLINA LIVING TRUST

(Middle)

95661

(Zip)

3A. Deemed

if any

**Execution Date** 

(First)

3300 DOUGLAS BLVD., SUITE 430

CA

(State)

3. Transaction

(Month/Day/Year)

Date

C/O WILLIAM DENTINO AND CURTIS

Filed pursuant to Section 16(a) of the Se or Section 30(h) of the Investmen

pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940	Estimated average burden hours per response: 0.5							
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)  Director X 10% Owner  Officer (give title Other (specify							
3. Date of Earliest Transaction (Month/Day/Year) 11/23/2009	below) below)							
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

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 Ownerfed	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	11/23/2009		J <sup>(1)</sup>		186,745	A	\$0.00(1)	2,276,835	D				
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)													

5. Number

4. Transaction

Code (Instr.

6. Date Exercisable and

**Expiration Date** 

(Month/Day/Year)

(insu. 3)	Derivative Security	(WORLINE	(Month/Day/Year)	0)		Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)				Derivative Security (Instr. 3 and 4)		(instr. 5)		or Indirect (I) (Instr. 4)	(Instr. 4)
				Code	v	(A)	(D)	Date Evercisable	Expiration	Title	Amount or Number of	1 1 1			

### **Explanation of Responses:**

Conversion

or Exercise

1. Transfer without consideration from MRM GRAT 1108/2 and MRM GRAT 1108/3, of which Mr. Dentino and Mr. Pedersen are co-trustees

### Remarks:

/s/ William Dentino, Co-Trustee, by Karen Calhoun, Attorney-in-Fact; /s/ Curtis Pedersen, Co-Trustee, by Karen Calhoun, Attorney-in-

7. Title and

Amount of

Securities

11/23/2009

9. Number of

derivative

Securities

10.

Form:

Ownership

8. Price of

Derivative

Security

11. Nature

of Indirect

Beneficial

Fact

\*\* 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.