Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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STATEMENT OF CHANGES IN BENEFICIAL	OWNERSHIP

OMB APPROVAL									
ľ	OMB Number:	3235-0287							
Estimated average burden									
I	hours ner resnonse.	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* MOLINA J MARIO MD				2. Issuer Name and Ticker or Trading Symbol MOLINA HEALTHCARE INC [MOH]									Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner								
(Last) (First) (Middle) MOLINA HEALTHCARE, INC. 2277 FAIR OAKS BOULEVARD, SUITE 440						3. Date of Earliest Transaction (Month/Day/Year) 05/16/2007									X Officer (give title X Other (specify below) President & CEO / Settlor-Molina Siblings Trust						
(Street) SACRAI	MENTO C.		95825-I	0001	4. If Amendment, Date				e of Original Filed (Month/Day/Year)					Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person							
		Tab	le I - N	lon-Deri	vative	e Sec	uriti	es Ac	quire	d, D	isposed o	f, or Be	eneficia	ally Owned	l						
[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 a 5)		(A) or 3, 4 and	and Securities Beneficially Owned Follow		6. Owners Form: Dir (D) or Ind wing (I) (Instr. 4		7. Natu Indired Benefi Owner	ct cial ship					
									v	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)				
Common	Stock			05/16/2	2007				G		10,000	D	\$0 ⁽¹⁾	352,54	2	D					
Common Stock												151,700		I		Sole manager of limited liability company ⁽²⁾					
Common Stock												160,00	0	I		Gene partn famil partn	er of				
		7	Table I							•	posed of,			•					,		
1. Title of Derivative Security (Instr. 3)	itle of 2. 3. Transaction 3A. Deemed 4. Transurity or Exercise (Month/Day/Year) if any Code		4. Transa Code (5. Number of		s, options, convertik 6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amou of Securities Underlying Derivative Securit (Instr. 3 and 4)		t 8. Price of Derivative Security	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		Ownership Form: I Direct (D)	11. Nature of Indirect Beneficial Ownership (Instr. 4)						
					Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	Amoun or Numbe of Shares								
Stock Option (Right to Buy)	\$31.32								03/01/20)08 ⁽⁴⁾	03/01/2017	Common Stock	36,000	0	3	6,000	D)			

Explanation of Responses:

- 1. Price not applicable to gift.
- 2. The shares are owned by the Molina Family, LLC, of which Dr. Molina is the sole manager.
- 3. The shares are owned by the Molina Family Partnership, L.P., of which Dr. Molina is the sole general partner. Dr. Molina and his spouse each hold a 0.5% ownership interest in the partnership. The remaining 99% of ownership interests in the partnership are held in equal amounts by the Joseph Marion Molina, M.D. Annuity Trust No. 1, the Joseph Marion Molina, M.D. Annuity Trust No. 2 and the Joseph Marion Molina, M.D. Annuity Trust No. 3. Dr. Molina is trustee and certain immediate family members of Dr. Molina are the beneficiaries of these trusts.
- 4. The options vest in one-fourth increments on each of 3/1/2008, 3/1/2009, 3/1/2010 and 3/1/2011.

Remarks:

J. Mario Molina, M.D., is also known as Joseph Marion Molina, M.D.

J. Mario Molina, M.D., by

Karen Calhoun, Attorney-in-05/17/2007

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.