FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPR	OVAL							
OMB Number:	3235-0287							
Estimated average burden								
hours per response:	0.5							

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

1. Name and Address of Reporting Person* MOLINA MARITAL TRUST						2. Issuer Name and Ticker or Trading Symbol MOLINA HEALTHCARE INC [MOH]									Check a	II app Direc		g Pers	10% C	wner	
(Last) (First) (Middle) C/O WILLIAM DENTINO AND CURTIS PEDERSEN					3. Date of Earliest Transaction (Month/Day/Year) 06/22/2006											Officer (give title below)			below)	specify	
555 CAPITOL MALL, SUITE 1500						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) SACRAMENTO CA 95814															X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(St	ate) (Zip)																		
		Tabl	e I - Nor	n-Deriva	ative	Sec	curitie	s Ac	quired	, Dis	posed o	f, or	Bene	eficia	ally O	wne	d				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)					ay/Year) if a		A. Deemed Execution Date, f any Month/Day/Year)		Transaction Disposed Code (Instr. 5)		ties Acquired (A) d Of (D) (Instr. 3, 4			4 and Se Be Ov		5. Amount of Securities Beneficially Owned Following		nership : Direct · Indirect str. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	((A) or (D)	Price	Т	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common Stock 06/22/2						/2006		S		20,100		D	\$35	35.1 2,		2,926,907		D			
	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)	Execution if any	Execution Date, If any		4. Transaction Code (Instr. 8)				Exercis on Dat Day/Ye			str. 3			9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownersh Form: Direct (D or Indire (I) (Instr.	wnership orm:	Beneficial Ownership (Instr. 4)		
		Code		v	(A)	(D)	Date Exercisa		Expiration Date	Title	or Nun of	ount nber ires									

Explanation of Responses:

William Dentino, Co-Trustee,

by Karen Calhoun, Attorney- 06/23/2006

In-Fact

Curtis Pedersen, Co-Trustee,

by Karen Calhoun, Attorney- 06/23/2006

In-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.