FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPRO	DVAL
	OMB Number:	3235-0287
l	Estimated average burd	len
	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*  MARY R MOLINA LIVING TRUST						2. Issuer Name and Ticker or Trading Symbol MOLINA HEALTHCARE INC [ MOH ]										onship of Repor all applicable) Director Officer (give title		Ü	X 10% C		
(Last) C/O WIL PEDERS	LIAM DE	irst) ( NTINO AND CU	(Middle) URTIS			ate of .0/20		t Trans	action (M	1onth/	Day/Year)					below			below)		
3300 DOUGLAS BLVD., SUITE 430						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)  ROSEVII  (City)			95661												X		filed by Mo		porting Pers an One Rep		
(City)	(3		(Zip) <b>le I - Non</b> -	-Deriva	ative	Sec	uritie	s Acc	nuired.	Dis	nosed o	f. or	Bene	eficia	ally O	)wne	-d				
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da				ction	tion 2A. Deemed			3. Transaction Code (Instr.		4. Securities Acquired (A)			(A) or	or 5. Ar 4 and 5) Secu Bene		nount of irities eficially ed Following		Ownership rm: Direct or Indirect (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A (C	A) or D)	Price	1	Transa	ction(s) 3 and 4)			(1130.4)	
Common	Stock			12/10/	2009				J <sup>(1)</sup>		900,00	0	D	\$0.0	0(1)	1,6	25,982		D		
		Та	able II - De (e								sed of, onvertib				y Ow	ned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution I if any (Month/Day	Date, Transac Code (In					6. Date E Expiratio (Month/D	on Dat		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		str. 3	8. Price Deriva Secur (Instr.	vative urity	9. Number of derivative Securities Beneficially Owned Following Reported Transactions (Instr. 4)	,	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)	
Evalanation				ı	Code	v	(A) (D)		Date Exercisa		Expiration Date	Title	or	ount nber res							

1. Transfer without consideration to MRM GRAT 1209/2, MRM GRAT 1209/3 and MRM GRAT 1209/4, 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-

12/14/2009

Date

**Fact** 

\*\* Signature of Reporting Person

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.