## FORM 4

obligations may continue. See

Instruction 1(b).

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

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

BENEFICIAL OWNERSHIP

Washington,	DC	205/19
vvasiiiiiqtuii,	D.C.	20349

**OMB APPROVAL** OMB Number: Estimated average burden hours per response: 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

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						Date of /11/20		st Tra	ansactio	n (Mor	nth/Day/Year)	]	X Officer (give title X Other (specify below)  President & CEO / Settlor-Molina Siblings  Trust								
(Street) SACRAI	MENTO C.		95825 (Zip)	5-0001	4.	4. If Amendment, Date				ginal F	iled (Month/D	ay/Year)	)		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																				
Date		2. Transacti Date (Month/Day/		Execution Da			3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and		d 5)	Beneficially Owned Followi		6. Ownership Form: Direct (D) or Indirect ing (I) (Instr. 4)		7. Natu Indired Benefi Owner	ct cial ship				
								Code	ode V Amoun		(A) or (D)	Price		Reported Transaction( (Instr. 3 and				(Instr. 4)			
Common	Stock			10/11/20	007				S <sup>(1)</sup>		30,000	D	\$35.4	18 <sup>(2)</sup>	256,86	8	I		Trustee of trust <sup>(3)</sup>		
Common Stock													124,700		I		Sole manager of limited liability company <sup>(4)</sup>				
Common Stock													7,774		D						
Common Stock													160,000		I		General partner of family partnership <sup>(5)</sup>				
		-	Гable								sposed of				/ Owned						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execu	eemed ution Date, h/Day/Year)	4. Transa Code 8)		5. Nur of Deriva Secur Acqui (A) or Dispo of (D) (Instr. and 5	ative rities ired osed	Expira	e Exerc tion D h/Day/`	rcisable and 7. Title and Amo			urity	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Owne Form: Direct or Ind (I) (Ins	rship (D) irect	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exerc	isable	Expiration Date	Title	or Nu of	nount mber ares							
Stock Option (Right to Buy)	\$31.32								03/01/	2008 <sup>(6</sup>	03/01/2017	Comm		,000		3	6,000	Б			

## **Explanation of Responses:**

- 1. The shares were sold pursuant to the Rule 10b5-1 Trading Plan of the reporting person.
- 2. Represents the weighted average sales price of all sales on the transaction date.
- 3. The shares are owed by the Joseph Marion Molina, M.D. Separate Property Trust, of which Dr. Molina is the sole trustee.
- 4. The shares are owned by the Molina Family, LLC, of which Dr. Molina is the sole manager.
- 5. 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.
- $6. \ The \ options \ vest \ in \ one-fourth \ increments \ on \ each \ of \ 3/1/2008, \ 3/1/2009, \ 3/1/2010 \ and \ 3/1/2011.$

## 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-

10/12/2007

**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.