FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APP	OMB APPROVAL									
OMB Number:	3235-0287									

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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]												o of Reportir llicable) tor		rson(s) to Is			
(Last) (First) (Middle) C/O WILLIAM DENTINO AND CURTIS PEDERSEN						3. Date of Earliest Transaction (Month/Day/Year) 12/05/2005										Office	er (give title v)		Other below)	(specify	
555 CAPITOL MALL, SUITE 1500					4. If	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						
(Street) SACRAMENTO CA 95814															Form filed by More than One Reporting Person						
(City)	(St	ate) (Zip)																		
		Tabl	e I - Nor	า-Deriva	ative	Sec	curitie	s Acc	quired,	Dis	posed o	f, or	Bene	eficia	ally (Owne	ed				
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 Dispo		Disposed	urities Acquired (A) sed Of (D) (Instr. 3,			nd	5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
										v	Amount		(A) or (D)	Price	. 1	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common Stock 12/05/					2005			J ⁽¹⁾		164,574		D	D \$0		3,126,907			D			
		Та									sed of, onvertib				y Ow	vned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/Da	Date, 1	4. Transaction Code (Instr. 8)				6. Date Exercisi Expiration Date (Month/Day/Yea		9	7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		str. 3			9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ow For Dire or I (I) (LO. Dwnership Form: Direct (D) or Indirect I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	or Nun of								

Explanation of Responses:

1. Transfer without consideration to Mary R. Molina Living Trust.

William Dentino, Co-Trustee,

by Karen Calhoun, Attorney- 12/05/2005

In-Fact

Curtis Pedersen, Co-Trustee,

by Karen Calhoun, Attorney- 12/05/2005

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.