FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL											
	OMB Number:	3235-0287										
l	Estimated average burden											
l	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 JOHN C						2. Issuer Name and Ticker or Trading Symbol  MOLINA HEALTHCARE INC [ MOH ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director X 10% Owner					
		rst) CARE, INC. OULEVARD, S		3. Date of Earliest Transaction (Month/Day/Year) 03/10/2008									X Officer (give title X Other (specify below)  CFO/Trustee / Settlor-Molina Siblings Trust						
(Street) SACRAMENTO CA 95825-0001				—   4. I —	4. If Amendment, Date 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					
(City)	(St	•	(Zip)	Jan Davi	4 i	- 6		^			:								
Table I - Non-Deriva  1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Y				tion	n 2A. Deemed Execution Date,		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an			5. Amount of		nt of es ally following	Form:	Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
						_			Code	٧	Amount	(D)	Price	(Instr. 3 and 4)		and 4)			
Common				03/10/2	2008				S		35,000	D	\$29.028	5(1)		,413		D	
Common Stock  Common Stock																9,359	1	I	Trustee of Family Trust <sup>(3)</sup>
Common Stock															20,000		I		Trustee of Family Trust <sup>(4)</sup>
Common Stock														30,	.000		I	Trustee of Family Trust <sup>(5)</sup>	
Common Stock														50,394			I	Trustee of Family Trust <sup>(6)</sup>	
		7	Table I								sposed of, , converti				ned				
Derivative Security	Title of 2. 3. Transaction Date Execution Date Execution Date if any			emed ion Date,	d 4. Date, Transac Code (Ir		5. Number of			Exerci	isable and 7. Title and Amo		and Amoun rities ring ve Security	8. Price of Derivative Security		9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ly	Ownershi Form: Direct (D) or Indirect (I) (Instr. 4	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amount or Number of Shares						
Stock Option (Right to Buy)	\$31.32								03/01/2	008 <sup>(7)</sup>	03/01/2017	Commo Stock	<sup>n</sup> 36,000	)		36,000	)	D	

- 1. Represents the average sale price of all sales on the Transaction Date.
- 2. The shares are owned by Mr. Molina and his spouse as community property.
- 3. The shares are owned by the Molina Siblings Trust, of which Mr. Molina is the trustee and certain immediate family members of Mr. Molina are the beneficiaries.
- 4. The shares are owned by the JCM GRAT 607/5, of which Mr. Molina is a beneficiary.
- 5. The shares are owned by the JCM GRAT 607/2, of which Mr. Molina is a beneficiary.
- 6. The shares are owned by the M/T Molina Children's Education Trust, of which Mr. Molina is the trustee and certain immediate family members of Mr. Molina are the beneficiaries.
- 7. The options vest in one-fourth increments on each of 3/1/2008, 3/1/2009, 3/1/2010 and 3/1/2011.

## Remarks:

John C. Molina, by Karen Calhoun, Attorney-in-Fact

\*\* Signature of Reporting Person

Date

03/11/2008

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.