FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPI	ROVAL
OMB Number:	3235-028

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

OWB ALL	TOVAL						
OMB Number:	3235-0287						
Estimated average burden							
hours per response:	0.5						

1. Name and Address of Reporting Person*  MARY R MOLINA LIVING TRUST						2. Issuer Name and Ticker or Trading Symbol  MOLINA HEALTHCARE INC [ MOH ]									neck all D	ship of Reportir applicable) irector fficer (give title	ng Pers X	10% C		
(Last) (First) (Middle) C/O WILLIAM DENTINO AND CURTIS PEDERSEN						3. Date of Earliest Transaction (Month/Day/Year) 05/27/2008										elow)		below)		
3300 DOUGLAS BLVD., SUTIE 430					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) ROSEVI	LLE C	A 9	95661												F	orm filed by On orm filed by Mo erson		•		
(City)	(5	itate) (	Zip)																	
		Tabl	e I - Nor	n-Deriv	ative	Sec	curitie	s Ac	quired	l, Dis	posed o	f, or	Bene	ficia	lly Ov	ned				
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)					Execution Date,			Code	Transaction Disposed Of (D) (Instr. 3, Code (Instr. 5)				d See Bei Ow	5. Amount of Securities Beneficially Owned Following Reported		nership : Direct · Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									Code	v	Amount	nt (A) or (D)		Price	Tra	Transaction(s) (Instr. 3 and 4)			(IIISU. 4)	
Common Stock 05/27					2008		J <sup>(1)</sup>		335,631 A		\$0		2,166,048		D					
		Та									osed of, onvertib				Own	ed				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	Date,	ate, Transacti Code (Ins				6. Date Expirat (Month	ion Da	e Amo Secu Und Deri Secu		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price Derivativ Security (Instr. 5)	e derivative	Owners Form: Direct (I or Indire (I) (Insti	wnership	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v			Date Exercis	sable	Expiration Date	Title	Amo or Num of Sha	ber						

## **Explanation of Responses:**

1. Transfer without consideration from MRM GRAT 507/2 and MRM GRAT 507/4.

## Remarks:

/s/ William Dentino, Co-Trustee, by Karen Calhoun, Attorney-in-Fact; /s/ Curtis Pedersen, Co-Trustee, by Karen Calhoun, Attorney-in-

05/29/2008

**Fact** 

\*\* Signature of Reporting Person

Date

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.