FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
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0.5

hours per response:

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]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner						
(Last) C/O WIL PEDERS		st) (Middle) JRTIS			3. Date of Earliest Transaction (Month/Day/Year) 12/09/2005									Of	ficer (give title low)	4		(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)					
(Street) SACRAMENTO CA 95814															X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(St	ate) (Zip)																
		Tabl	e I - Nor	n-Deriva	ative	Sec	curitie	s Acq	uired,	Dis	posed o	f, or	Bene	ficia	lly Ow	ned			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da				Execution Date ay/Year) if any		xecution Date,		Transaction Disposed Code (Instr. 5)		ties Acquired (A) d Of (D) (Instr. 3, 4			d Sec Ben Owi	mount of urities eficially ned Following	Fori	wnership m: Direct or Indirect Instr. 4)	7. Nature of Indirect Beneficial Ownership		
							Code	v	Amount	(A (I	A) or D)	Price	Trai	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)		
Common Stock 12/0			12/09/	9/2005				J ⁽¹⁾		250,00	00 D		\$0	2,868,234			D		
		Та									sed of, onvertib				Owne	d			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemo Execution if any (Month/Da	Date, T	4. Transaction Code (Instr. 8)				6. Date Exercisab Expiration Date (Month/Day/Year)		•	7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)			8. Price of Derivativ Security (Instr. 5)		,	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				C	Code	v	(A)		Date Exercisa		Expiration Date	Title	Amo or Num of Shai	ber					

Explanation of Responses:

1. Transfer without consideration to MRM GRAT 1205/2.

/s/ William Dentino, Co-

Trustee, by Karen Calhoun, 12/09/2005

Attorney-In-Fact

/s/ Curtis Pedersen, Co-

Trustee, by Karen Calhoun, 12/09/2005

Attorney-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.