## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

wasnington	, D.C.	20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden 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*  MARY R MOLINA LIVING TRUST					2. Issuer Name and Ticker or Trading Symbol  MOLINA HEALTHCARE INC [ MOH ]											all app	olicable) etor		erson(s) to Is	)wner		
(Last) C/O WIL PEDERS	LIAM DE	rst) (I NTINO AND CU	Middle) JRTIS			3. Date of Earliest Transaction (Month/Day/Year) 04/08/2005											belov	fficer (give title elow)		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)						
	MENTO CA		95814													X		i filed by Mo		eporting Pers an One Rep		
(City)	(St		Zip)		<u> </u>	_									<u> </u>							
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)				action	Execution Date,		3. Tra Co r) 8)	3. 4. Securit Transaction Disposed Code (Instr. 5)		ities Acquired (A) d Of (D) (Instr. 3, 4			or 5. Am Secur Benef Owne Repor Trans		nount of rities I (ficially ed Following (		Ownership rm: Direct or Indirect (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
Common Stock 04/08/					8/2005	2005			J(	(1)		354,168		A	\$0		4,498,358			D		
Common Stock 04/08/					3/2005	5			J <sup>(2)</sup>			94,561 A		\$	60 4,592,9		92,919		D			
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																						
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,	Date, Transaction				Expir	te Exer ration D th/Day/	ate		7. Title and Amount of Securities Underlying Derivative Security (Ins and 4)			Deriv Secu	Price of rivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Own Forn Dire or In (I) (II	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exerc	cisable		Expiration Date	Title	or	ount nber res							

## **Explanation of Responses:**

- 1. Transfer without consideration by MRM GRAT 903/2.
- 2. Transfer without consideration by MRM GRAT 904/2.

/s/ William Dentino, Co-

Trustee, by Karen Calhoun,

Attorney-In-Fact

04/08/2005

/s/ Curtis Pedersen, Co-Trustee, by Karen Calhoun,

04/08/2005

Attorney-In-Fact

Date

\*\* Signature of Reporting Person

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.