FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL									
	OMB Number:	3235-0287								
	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		Y 10% C	wner
(Last) C/O WIL PEDERS	LIAM DE	rst) (NTINO AND CU	Middle) JRTIS		3. Date of Earliest Transaction (Month/Day/Year) 03/13/2008 Officer (give title below) below) Other (specify below)															
3300 DOUGLAS BLVD., SUTIE 430 (Street)					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicatine) X Form filed by One Reporting Person Form filed by More than One Reporting					
(City)			95661 (Zip)													Pers			THE TROP	orung
		Tabl	le I - Nor	n-Deriva	ative	Sec	uritie	s Acc	quired,	Dis	posed o	f, or	Bene	eficia	ally (Owne	ed			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)						Execution Da			3. Transa Code (8)		Disposed	ties Acquired (A) I Of (D) (Instr. 3,			nd	5. Amount of Securities Beneficially Owned Following Reported		Fo (D	Ownership orm: Direct) or Indirect (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
									Code	v	Amount	((A) or (D)	Price	. 1	Transa	ction(s) 3 and 4)			(1130.4)
Common Stock 03/13/2				/2008				J ⁽¹⁾		280,848		A \$(2,930,417			D			
		Та	able II - D					•			sed of, onvertib				y Ow	ned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution D if any (Month/Day/	Date,	4. Transaction Code (Instr. 3)				6. Date E Expiratio (Month/D	n Dat	е	7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		str. 3			9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Co	Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	or	ount nber res	er					
vnlanation	of Respons																			

1. Transfer without consideration from MRM GRAT 1205/2, MRM GRAT 1206/3 and MRM GRAT 1206/4.

Remarks:

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

03/14/2008

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.