SACRAMENTO

(City)

CA

1. Name and Address of Reporting Person* **MOLINA SIBLINGS TRUST**

(State)

95825

(Zip)

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

OMB APPROVAL 3235-0287 Estimated average burden

Section obligat	this box if no long 16. Form 4 or ions may contition 1(b).		ST		iled pu	ursuan	t to Se	ection 1	6(a) of tl	he Se	ecui	rities Excharompany Act	nge Act of		RSH	IP	Estima	Number: ated ave per resp	rage burder	0.5
1. Name and Address of Reporting Person* MOLINA JOHN C				2. Issuer Name and Ticker or Trading Symbol MOLINA HEALTHCARE INC [MOH] X Direct									all applica	or X 10% Owner						
(Last) (First) (Middle) 300 UNIVERSITY AVE., SUITE 100					3. Date of Earliest Transaction (Month/Day/Year) 06/01/2011									X Officer (give title X Other (specify below) CFO / Trustee/Settlor Siblings Trust						
(Street) SACRAMENTO CA 95825			4.	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person X Form filed by More than One Reporting					.		
(City)	(5	State)	(Zip)		<u> </u>						_					Person				
1. Title of	Security (Ins		DIE I - N	2. Transa Date (Month/Da	ction	2A Ex ur) if a	. Deem		3. Trans	sactio	on	4. Securities Disposed O	s Acquired	(A) or		5. Amour Securitie Beneficia Owned F	s ally ollowing	Form:	Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership
									Code	v		Amount	(A) or (D)	Price		Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Common	Stock			06/01/	/2011				G	V	7	5,250	D	\$0.	.00(1)	767,	386(2)		D	
Common	Stock			06/22/	/2011				S ⁽³⁾			15,000	D	\$26.	6509(4)	752,	386(2)		D	
Common	Stock															2,232	,340 ⁽²⁾		I	Trustee of Family Trust ⁽⁵⁾
Common	Stock															183,1	21 ⁽²⁾⁽⁶⁾	I) ⁽⁷⁾	
Common	Stock															82,3	15 ⁽²⁾		I	Trustee of Family Trust ⁽⁸⁾
Common	Stock															9,33	39 ⁽²⁾		I	Trustee of Family Trust ⁽⁹⁾
			Table I									posed of				vned				
1. Title of Derivative Security (Instr. 3)	tle of 2. 3. Transaction Date Execution Drift or Exercise (Month/Day/Year) if any		ned n Date,	4. Transaction Code (Instr. 8)		5. Number 6		6. Date Expirati	5. Date Exercisable a Expiration Date Month/Day/Year)		ble and	7. Title and Amor of Securities Underlying Deriv Security (Instr. 3		unt 8	. Price of Perivative Pecurity Pecurity Pecurity	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s lly	10. Ownership 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	Amou Numb Share	er of					
Stock Option (Right to Buy)	\$20.88 ⁽¹⁰⁾								03/01/20	008 ⁽¹¹	L)	03/01/2017	Common Stock	54,0	00(2)		54,000	(2)	D	
1. Name and Address of Reporting Person* MOLINA JOHN C																				
(Last) (First) (Middle) 300 UNIVERSITY AVE., SUITE 100																				
(Street)																				

(Last) 741 ATLANTIC A	(First) VENUE	(Middle)
(Street) LONG BEACH	CA	90813
(City)	(State)	(Zip)

Explanation of Responses:

- 1. Price not applicable to gift.
- 2. Amount of securities beneficially owned adjusted to reflect the 3:2 stock split effective May 20, 2011.
- 3. Sale pursuant to the Rule 10b5-1 Trading Plan of Mr. Molina.
- 4. Represents the weighted average sale price of all sales on the Transaction Date. The range of prices for the transaction was \$26.46 to \$26.86. The Reporting Person undertakes to provide full information about the transactions to the Commission upon request.
- 5. 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.
- 6. 15,600 of the shares were granted under the Issuer's 2002 Equity Incentive Plan on 3/1/2018. 3,900 of such shares vested on each of 3/1/2010 and 3/1/2011, and the balance vest in one-half increments on 3/1/2012 and 3/1/2013. 15,600 of the shares were granted under the Issuer's 2002 Equity Incentive Plan on 3/1/2010. 3,900 of such shares vested on each of 3/1/2011, and the balance vest in one-half increments on 3/1/2012 and 3/1/2013. 15,600 of the shares were granted under the Issuer's 2002 Equity Incentive Plan on 3/1/2010. 3,900 of such shares vested on 3/1/2011, and the balance vest in one-half increments on 3/1/2012 and 3/1/2013. 15,600 of the shares were granted under the Issuer's 2002 Equity Incentive Plan on 3/1/2010. 3,900 of such shares vested on 3/1/2011, and the balance vest in one-half increments on 3/1/2012 and 3/1/2013. The shares were granted under the Issuer's 2002 Equity Incentive Plan on 3/1/2011. Such shares vested on 3/1/2012 provided the Issuer meets specified operating revenue for 2011 and the Reporting Person continues to be employed by the Issuer on such date.
- 7. The shares are owned by Mr. Molina and his spouse as community property.
- 8. The shares are owned by the John C. Molina Separate Property Trust, of which Mr. Molina is the trustee and beneficiary.
- 9. The shares are owned by the JCM GRAT 607/5, of which Mr. Molina is a beneficiary.
- 10. Reflects adjusted price as a result of the 3:2 stock split effective May 20, 2011.
- 11. The options vested in one-fourth increments on each of 3/1/2008, 3/1/2009, 3/1/2010 and 3/1/2011.

Remarks:

The Reporting Person previously reported beneficial ownership of 50,394 (75,591 post-split) shares as trustee of the M/T Molina Children's Education Trust. Mr. Molina is no longer trustee of that trust.

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

John C. Molina, Trustee of the

Molina Siblings Trust, by Karen 06/23/2011

Calhoun, 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.