FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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* MOLINA JOHN C					2. I <u>M</u>	2. Issuer Name and Ticker or Trading Symbol MOLINA HEALTHCARE INC [MOH]									Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner							
l .	tt) (First) (Middle) DLINA HEALTHCARE, INC. 7 FAIR OAKS BOULEVARD, SUITE 440					3. Date of Earliest Transaction (Month/Day/Year) 09/04/2007									below)	(give title X Other (specify below) nancial Affairs / Settlor-Mol Siblings Trust						
(Street) SACRAMENTO CA 95825-0001					4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting							
(City)	(S		(Zip)												Person							
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Y				ion	on 2A. Deemed Execution Date,		Deemed cution Date,		3. 4. Securities			of, or Beneficially s Acquired (A) or f (D) (Instr. 3, 4 and 5)			nt of es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership				
							Code	v	Amount	(A) or (D)	Price		Reporte Transac (Instr. 3	tion(s)			(Instr. 4)					
Common	Stock			09/04/2	/2007				S ⁽¹⁾		63,400	D	\$35.1	.355 ⁽²⁾	(2) 656,133		D					
Common Stock													3,334,382			I	Trustee of Family Trust ⁽³⁾					
Common Stock													20,000			I	Trust ⁽⁴⁾					
Common Stock													30,000			I	Trust ⁽⁵⁾					
Common	Common Stock												7,436			D ⁽⁶⁾						
Common Stock												50,394			I	Trustee of Family Trust ⁽⁷⁾						
		-	Table I								sposed of, , converti				Owned							
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date,		4. Transa Code (8)	5. Number of					7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)		ount 8	B. Price of Derivative Security Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	ly	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	Amo or Num of Shai	ber								
Stock Option (Right to Buy)	\$31.32								03/01/2	008 ⁽⁸⁾	03/01/2017	Commo Stock		000		36,000)	D				

Explanation of Responses:

- 1. The shares were sold under the Rule 10b5-1 Trading Plan of the Reporting Person.
- 2. Represents the weighted average sale price of sales on the transaction date.
- 3. The shares are owned by the Molina Sibilings Trust, of which Mr. Molina is the trustee and certain immediate family members of Mr. Molina are the beneficiaries.
- 4. The shares are owned by the JCM GRAT 607/5, of which Mr. Molina is a beneficiary.
- 5. The shares are owned by the JCM GRAT 607/2, of which Mr. Molina is a beneficiary.
- 6. The shares are owned by Mr. Molina and his spouse as community property.
- 7. The shares are owned by the M/T Molina Children's Education Trust, of which Mr. Molina is the trustee and certain immediate family members of Mr. Molina are the beneficiaries.
- 8. The options vest in one-fourth increments on each of 3/1/2008, 3/1/2009, 3/1/2010 and 3/1/2011.

Remarks:

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

09/05/2007

** 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.