FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPRO	VAL							
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 an	2. Issuer Name and Ticker or Trading Symbol MOLINA HEALTHCARE INC [ MOH ]												o of Reportin blicable) ctor	g Pers	. ,						
(Last) (First) (Middle) C/O WILLIAM DENTINO AND CURTIS PEDERSEN							3. Date of Earliest Transaction (Month/Day/Year) 12/14/2009									Officer (give title below)		Other below		(specify	
3300 DOUGLAS BLVD., SUITE 430						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) ROSEVILLE CA 95661															X Form filed by One Reporting Person  Form filed by More than One Reporting Person						
(City)	(S	tate) (	Zip)																		
		Tabl	e I - No	n-Deriva	ative	Sec	curitie	s Ac	quired,	Dis	posed o	f, or	Ben	eficia	ally (	Owne	ed				
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)						ay/Year) Ex		A. Deemed Execution Date, f any Month/Day/Year)		Transaction Disposed Code (Instr. 5)		ties Acquired (A) I Of (D) (Instr. 3, 4			4 and S		5. Amount of Securities Beneficially Owned Following		mership : Direct · Indirect str. 4)	7. Nature of Indirect Beneficial Ownership	
									Code V Amount		Amount	() (I	(A) or (D) Price		Reported Transaction(s) (Instr. 3 and 4)		ection(s)			(Instr. 4)	
Common Stock 12/14/2						2009			J <sup>(1)</sup>		43,594	1	A	\$0.0	.00(1)		1,669,576		D		
		Та									sed of, onvertib				y Ov	vned					
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, if any (Month/Day/Year)		4. Transaction Code (Insti				6. Date E Expiratio (Month/I	n Dat	e Amount of		str. 3			9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Own Form Direc or In (I) (Ir	wnership	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
				C	Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	or	ount nber ıres							

## **Explanation of Responses:**

1. Transfer without consideration from MRM GRAT 1206/4, of which Mr. Dentino and Mr. Pedersen are co-trustees.

## Remarks:

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

12/15/2009

**Fact** 

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.