FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

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	OMB APPROVAL								
l	OMB Number: 3235-02								
l	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* MOLINA JOHN C				2. Issuer Name and Ticker or Trading Symbol MOLINA HEALTHCARE INC [MOH]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director X 10% Owner							
	A HEALTH	rst) CARE, INC. BOULEVARD, S	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 03/17/2008							X Officer (give title X Other (specify below) CFO/Trustee / Settlor-Molina Siblings Trust						
(Street) SACRAMENTO CA 95825-0001			= 4. -	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 Person						
(City)	(S		(Zip)																
		Tab	le I - N	1		_		s A	_	d, D	isposed c			cially	1				
Date		2. Transact Date (Month/Day		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		(A) or		(A) or		5. Amount of Securities Beneficially Owned Following Reported Transaction(s)		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)			
Common	Stock			03/17/2	008				J ⁽¹⁾	V	2,149	D	\$26.2	425 ⁽²⁾	(Instr. 3			I	Trustee of Family Trust ⁽³⁾
Common	Stock														38	,806		I	Trustee of Family Trust ⁽⁴⁾
Common	Stock														611	,413		D	
Common	Stock														23	,036]	D ⁽⁵⁾	
Common	Stock														20	,000		I	Trustee of Family Trust ⁽⁶⁾
Common	Stock														30	,000		I	Trustee of Family Trust ⁽⁷⁾
Common Stock												50,394		I		Trustee of Family Trust ⁽⁸⁾			
			Table I								posed of,				wned				
Security or Exercise (Month/Day/Year) if any		emed tion Date, n/Day/Year) 4. Transa Code (5. Number of		ber tive ties ed ed		Exerc ion Da	isable and te	7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)		ount 8. Price of Derivative Security		9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownersh Form: Direct (D) or Indirect (I) (Instr.		11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A) (D)	Date Exercis	able	Expiration Date	Title	Amo or Num of Shar	ber					
Stock Option (Right to Buy)	\$31.32								03/01/2	008 ⁽⁹⁾	03/01/2017	Commo Stock		000		36,000)	D	

- 1. Sale pursuant to the Rule 10b5-1 Trading Plan of the Reporting Person.
- $2. \ Represents the average sale price of all sales on the Transaction Date.$
- 3. 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.
- 4. The shares are owned by the John C. Molina, M.D., Remainder Trust I, of which Dr. Molina is the trustee and beneficiary.

- 5. The shares are owned by Mr. Molina and his spouse as community property. 15,600 of the shares were granted under the issuer's 2002 Equity Incentive Plan. The shares vest in one-quarter increments on 3/1/2009, 3/1/2011 and 3/1/2012.
- 6. The shares are owned by the JCM GRAT 607/5, of which Mr. Molina is a beneficiary.
- 7. The shares are owned by the JCM GRAT 607/2, of which Mr. Molina is a beneficiary.
- 8. 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.
- $9. \ The \ options \ vest \ in \ one-fourth \ increments \ on \ each \ of \ 3/1/2008, \ 3/1/2009, \ 3/1/2010 \ and \ 3/1/2011.$

Remarks:

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

** Signature of Reporting Person

03/17/2008

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.