FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20549
wasiiiigtoii,	D.C. 20549

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

OMB APPROVAL OMB Number: 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

	nd Address of	Reporting Person*							cker or Tra LTHC			мон]				able) r	X	10% Ow	ner		
	A HEALTH	rst) CARE, INC. BOULEVARD, S	(Middle)	ı	3. Date of Earliest Transaction (Month/Day/Year) 03/13/2008								X Officer (give title X Other (specify below) CFO/Trustee / Settlor-Molina Siblings Trust								
(Street) SACRAMENTO CA 95825-0001			4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting								
(City)	(Si	tate)	(Zip)												Person						
			le I - Non			_				Dis	1				1						
		Date	2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		e, Trans Code	Code (Instr.					Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Direct of Indirect Itr. 4)	7. Nature of Indirect Beneficial Ownership Instr. 4)				
									Code	v	Amount	(A) (D)	or	Price	Transact (Instr. 3 a	ion(s) and 4)					
Common	Stock			03/13	/200	8			J ⁽¹⁾		38,80	06 A	A	\$0	38,	806		I I	Γrustee of Family Γrust ⁽²⁾		
Common	Stock														611	,413		D			
Common	Stock														23,	036	Ι) (3)			
Common	Stock														3,32	9,359		I G	Trustee of Family Trust ⁽⁴⁾		
Common	Stock														20,	000		I G	Γrustee of Family Γrust ⁽⁵⁾		
Common	Stock														30,	000		I G	Trustee of Family Trust ⁽⁶⁾		
Common	Stock														50,	394		I I	Trustee of Family Trust ⁽⁷⁾		
		-	Γable II - I						juired, [s, optio						Owned						
1. Title of	2.	3. Transaction	3A. Deemed	d 4.			5. Nu	ımber	6. Date Ex	ercisa		7. Title a	nd An		8. Price of	9. Numbe		10.	11. Nature		
Security or Exercise (Month/Day/Year) if any		´ c	code (Instr. De) Se Ad (A Di of (Ir		Deriv Secu Acqu (A) o Dispo of (D) (Insti			oiration Date onth/Day/Year)		of Securities Underlying Derivative Sec (Instr. 3 and 4)			Derivative Security (Instr. 5)	derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	S F Ily D O (I	Ownership Form: Direct (D) or Indirect I) (Instr. 4)	of Indirect Beneficial Ownership (Instr. 4)				
				С	ode	v	(A)	(D)	Date Exercisabl		xpiration Pate	Title	or Nu of	mber ares							
Stock Option (Right to Buy)	\$31.32								03/01/2008	s ⁽⁸⁾	3/01/2017	Common Stock	36	,000		36,00	0	D			

- 1. Transfer without consideration from MRM GRAT 905/2A and MRM GRAT 905/2B.
- 2. The shares are owned by the John C. Molina, M.D., Remainder Trust I, of which Dr. Molina is the trustee and beneficiary.
- 3. 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, 3/1/2010, 3/1/2011 and 3/1/2012.
- 4. 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.

- 5. The shares are owned by the JCM GRAT 607/5, of which Mr. Molina is a beneficiary.
- 6. The shares are owned by the JCM GRAT 607/2, of which Mr. Molina is a beneficiary.
- 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:

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

03/14/2008

** 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.