FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | |
|---------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | |
| Estimated average b | ourden | | | | | | | |

0.5

hours per response:

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 J MARIO MD | | | | | | 2. Issuer Name and Ticker or Trading Symbol MOLINA HEALTHCARE INC [MOH] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
| WOLIIW S WINKIO WID | | | | | | | | | | | | | | X Dire | ctor | | 10 | % Owner | |
| (Last) | (Last) (First) (Middle) | | | | | Date of Earliest Transaction (Month/Day/Year) | | | | | | | | X Office below | | | | her (specify low) | |
| 2277 FA1 | R OAK BO | HILEVARD SI | IITF 4 | 40 | 09/ | 09/14/2004 | | | | | | | | President & CEO / Settlor-Molina Siblings | | | | | |
| 2277 FAIR OAK BOULEVARD, SUITE 440 | | | | | | | | | | | | | | Trust | | | | | |
| (Street) | | | | | 4. If | Amen | dment | Date | of Origi | nal Fil | ed (Month/Da | ay/Year) | | 6. Individual o | or Joint/G | Froup Fil | ing (Che | ck Applicabl | е |
| SACRAMENTO CA 95825 | | | | | | | | | | | | Line) X Form filed by One Reporting Person | | | | | | | |
| | | | | | | | | | | | | | | | , | | | | |
| (City) (State) (Zip) | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | | |
| | | Tabl | e I - N | lon-Deriv | ative | Sec | uritie | s Ac | quire | d, D | isposed o | f, or B | enefic | ially Own | ed | | | | |
| Date | | | 2. Transacti Date (Month/Day | | Execution Date, | | Transaction | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 ar 5) | | | nd Securities Beneficially Owned Following | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | Code | v | Amount | (A) or (D) | Price | Reported Transactio (Instr. 3 an | | | | (Instr. 4) | | |
| Common Stock 09/14/200 | | | | 004 | 04 | | | G | v | 5,000 | D | \$0(1) | 484,1 | 484,121 | |) | | | |
| Common Stock | | | | | | | | | | | | | 160,0 | 000 | 1 | I | General Partner of Family Partnersh | | |
| | | Та | ble II | | | | | | | | oosed of, convertib | | | ly Owned) | | | | | |
| 1. Title of Derivative Security (Instr. 3) | rivative curity or Exercise (Month/Day/Year) Str. 3) Price of Derivative Security Security Security Execution Date, if any (Month/Day/Year) | | 4. Transa Code (8) | Instr. | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date | | | and t of ies ying ive y (Instr. 3 Amount or Number of Shares | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | | 10. Owners Form: Direct (I or Indire (I) (Instr | Benefic O) Owners | rect cial ship | | |

Explanation of Responses:

- 1. Price not applicable to gift.
- 2. The shares are owned by the Molina Family Partnership, L.P., of which Dr. Molina is the sole general partner. Dr. Molina and his spouse each hold a 0.5% ownership interest in the partnership. The remaining 99% of ownership interests in the partnership are held in equal amounts by the Joseph Marion Molina, M.D. Annuity Trust No. 1, the Joseph Marion Molina, M.D. Annuity Trust No. 2 and the Joseph Marion Molina, M.D. Annuity Trust No. 3. Dr. Molina is trustee and certain immediate family members of Dr. Molina are the beneficiaries of these trusts.

J. Mario Molina, M.D., by Jeff D. Barlow, 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.

LIMITED POWER OF ATTORNEY FOR SECTION 16(a) FILINGS

Know all by these presents, that the undersigned hereby constitutes and appoints Mark L. Andrews and Jeff D. Barlow, and each acting singly, the undersigned's true and lawful attorney-in-fact to:

- 1) execute for and on behalf of the undersigned, in the undersigned's capacity as an officer, director and/or stockholder of Molina Healthcare, Inc. (the 'Company'), Forms 3, 4, and 5 and amendments thereto in accordance with Section 16(a) of the Securities Exchange Act of 1934 and the rules thereunder; and
- 2) do and perform any and all acts for and on behalf of the undersigned which may be necessary or desirable to complete and execute any such Forms 3, 4, or 5 or amendment thereto and timely file such form with the United States Securities and Exchange Commission (the 'SEC') and any stock exchange or similar authority.

The undersigned hereby grants to each such attorney-in-fact full power and authority to do and perform any and every act and thing whatsoever requisite, necessary, or proper to be done in the exercise of any of the rights and powers herein granted, as fully to all intents and purposes as the undersigned might or could do if personally present, with full power of substitution or revocation, hereby ratifying and confirming all that such attorney-in-fact, or such attorney-in-fact's substitute or substitutes, shall lawfully do or cause to be done by virtue of this Power of Attorney and the rights and powers herein granted. The undersigned acknowledges that the foregoing attorneys-in-fact, in serving in such capacity at the request of the undersigned, are not assuming, nor is the Company assuming, any of the undersigned's responsibilities to comply with Section 16 of the Securities Exchange Act of 1934.

This Power of Attorney shall remain in full force and effect until the undersigned is no longer required to file Forms 3, 4, and 5 with respect to the undersigned's holdings of and transaction in securities of the Company, unless earlier revoked by the undersigned in a signed writing delivered to the foregoing attorneys-in-fact. This Power of Attorney may be filed with the SEC as a confirming statement of the authority granted herein.

IN WITNESS WHEREOF, the undersigned has caused this Power of Attorney to be executed as of this 15th day of September, 2004.

/s/ J. Mario Molina, M.D. Signature

J. Mario Molina, M.D. Printed Name

Exhibit 24.1