## Edgar Filing: MOLINA HEALTHCARE INC - Form 4

MOLINA HE Form 4 March 14, 20	EALTHCARE	INC											
<b>FORM</b> Check thi if no long	s box	STATES SECONTIES AND EXCHANGE CONTRISSION         Washington, D.C. 20549         STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF         SECURITIES         Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,         Section 17(a) of the Public Utility Holding Company Act of 1935 or Section         30(h) of the Investment Company Act of 1940								OMB Number: Expires:	PROVAL 3235-0287 January 31, 2005		
subject to Section 10 Form 4 or Form 5 obligation may conti <i>See</i> Instru 1(b).	6. Filed pr Inue. Section 17									Estimated a burden hou response			
1. Name and Address of Reporting Person *       2. Is         MARY R MOLINA LIVING       Symb				LINA HEALTHCARE INC					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
CURTIS PE	<sup>(First)</sup> AM DENTINO DERSEN, 330 BLVD., SUTII	0	3. Date of (Month/D 03/13/2	ay/Yea		ansaction			Director Officer (give t below)	title $\underline{X}_{10\%}$ Other below)	6 Owner er (specify		
	(Street)		4. If Ame Filed(Mor			te Original			6. Individual or Jo Applicable Line) _X_ Form filed by O				
ROSEVILL	E, CA 95661								Form filed by M Person				
(City)	(State)	(State) (Zip) <b>Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned</b>											
1.Title of Security (Instr. 3)	2. Transaction Da (Month/Day/Yea	r) Executio any	med n Date, if Day/Year)	3. Transa Code (Instr.	8)	4. Securitie n(A) or Disp (Instr. 3, 4) Amount	osed c	of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common Stock	03/13/2008			J <u>(1)</u>		280,848	A	\$0	2,930,417	D			

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

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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned
 (e.g., puts, calls, warrants, options, convertible securities)

(Instr. 3)	Price of Derivative Security	(Month/Day/Year)	(Instr. 8)		3		Secu	rities r. 3 and 4)	(Instr. 5)	Bene Owne Follo Repo Trans (Instr
					Date Exercisable	Expiration Date	Title	Amount or Number of		
Repo	rting Owners	S	Code v	(A) (D)				Shares		
	Reporting Owner N	ame / Address	Directo		<b>ationships</b> Dwner Offic					
C/O WIL 3300 DO	MOLINA LIVING T LIAM DENTINO AN UGLAS BLVD., SUT LLE, CA 95661	ND CURTIS PEDERSEN		2	X					
Signa	tures									
	am Dentino, Co-Truste ee by Karen Calhoun	ee, by Karen Calhoun, Att Attorney-in-Fact	orney-in	-Fact; /s/	Curtis Ped	ersen,		03/1	14/2008	

4.

Code

5.

of

TransactionNumber

6. Date Exercisable and

Expiration Date

(Month/Day/Year)

7. Title and

Amount of

Underlying

8. Price of

Derivative

Security

9. Nt

Deriv

Secu

Co-Trustee, by Karen Calhoun, Attorney-in-Fact \*\*Signature of Reporting Person

## **Explanation of Responses:**

\* If the form is filed by more than one reporting person, see Instruction 4(b)(v).

3. Transaction Date 3A. Deemed

(Month/Day/Year) Execution Date, if

any

\*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

(1) Transfer without consideration from MRM GRAT 1205/2, MRM GRAT 1206/3 and MRM GRAT 1206/4.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

1. Title of 2.

Security

Derivative Conversion

or Exercise

Date