MOLINA J MARIO MD

Form 4

December 06, 2005

FORM 4 IINITI

OMB APPROVAL

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UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

if no longer subject to Section 16. Form 4 or

Check this box

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Form 5
obligations
may continue.
See Instruction

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

1(b).

(Print or Type Responses)

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)

(Last) (First) (Middle)

2277 FAIR OAKS BOULEVARD, SUITE 440 3. Date of Earliest Transaction

(Month/Day/Year) 12/05/2005 _X_ Director _____ 10% Owner _X_ Officer (give title _X_ Other (specify below) below)

President & CEO / Settlor- Molina Siblings

Trust

(Street) 4. If Amendment, Date 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

SACRAMENTO, CA 95825

(City)	(State)	(Zip) Tab	le I - Non-I	Derivative :	Securi	ities Ac	equired, Disposed	of, or Benefic	ially Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Code (D)			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)	
			Code V	Amount	or (D)	Price	(Instr. 3 and 4)		
Common Stock	12/05/2005		J <u>(1)</u>	60,838	A	\$0	425,082	D	
Common Stock	12/05/2005		J(2)	460	D	\$0	425,542	D	
Common Stock							200,000	I	Sole manager of Limited Liability Company. (3)
							160,000	I	

Common Stock

General Partner of Family Partnership

(4)

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

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SEC 1474 (9-02)

Deriv

Secu

Bene Own Follo Repo Trans (Instr

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

1. Title of Derivative	2. Conversion	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if	4. Transacti	5. onNumber	6. Date Exerci Expiration Da		7. Titl		8. Price of Derivative	j
Security (Instr. 3)	or Exercise Price of Derivative Security	(World) Day, Tear)	any (Month/Day/Year)	Code (Instr. 8)	of	(Month/Day/Y		Under	lying	Security (Instr. 5)	S H () H H H () ()
				Code V	(A) (D)		Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

MOLINA J MARIO MD 2277 FAIR OAKS BOULEVARD SUITE 440 SACRAMENTO, CA 95825

X

President & CEO Settlor- Molina Siblings Trust

Signatures

/s/ Joseph M. Molina, M.D., by Jeff D. Barlow, Attorney-in-Fact

12/05/2005

**Signature of Reporting Person

Date

Explanation of Responses:

- * 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).
- (1) Transfer without consideration from MRM GRAT 903/2.

Reporting Owners 2

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- (2) Transfer without consideration from Mary R. Molina Living Trust.
- (3) The shares are owned by Molina Family, LLC, of which Dr. Molina is the sole manager.
 - 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
- (4) 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.

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.