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Form 4/A	MARIO MD											
December 0									OMB	APPROVAL		
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION								N OMB	3235-0287			
Check th if no lon subject t Section Form 4 o Form 5 obligatio	ger o 16. or Filed p	Washington, D.C. 20549 FATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES iled pursuant to Section 16(a) of the Securities Exchange Act of 1934, tion 17(a) of the Public Utility Holding Company Act of 1935 or Section								Number: January 31, Expires: January 31, 2005 Estimated average burden hours per response 0.5		
may con <i>See</i> Instr 1(b).	tinue. ruction			ivestment	•	· ·			1011			
(Print or Type)	Kesponses)											
MOLINA J MARIO MD			Symbol	r Name and				5. Relationship of Reporting Person(s) to Issuer				
		MOLINA HEALTHCARE INC [MOH]					(Check all applicable)					
				of Earliest Transaction /Day/Year) /2005				_X_ Director10% Owner _X_ Officer (give title _X_ Other (specify below) below) President & CEO / Settlor- Molina Siblings				
BOULEVA	ARD, SUITE 44	0						i lesident de C	Trust	ionna bionngs		
SACRAME	(Street) ENTO, CA 958	25		endment, Da nth/Day/Year 005	-			6. Individual or Applicable Line) _X_ Form filed b Form filed by Person	-	Person		
(City)	(State)	(Zip)	Tab	le I - Non-I	Derivative S	Securi	ities Ac	quired, Disposed	of, or Benefic	ially Owned		
1.Title of Security (Instr. 3)	2. Transaction D (Month/Day/Yea	ransaction Date 2A. Deemed			3. 4. Securities Acquired Transaction(A) or Disposed of Code (D) (Instr. 8) (Instr. 3, 4 and 5) (A) or Code V Amount (D) Price				6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common Stock	12/05/2005			J <u>(1)</u>	60,838	А	\$0	425,182	D			
Common Stock	12/05/2005			J <u>(2)</u>	460	А	\$0	425,642	D			
Common Stock								200,000	I	Sole manager of Limited Liability Company. (3)		
								160,000	Ι			

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Common Stock									Gener Partne Family Partne	er of y	
Reminder: R	Report on a ser	varate line for each cla	icially 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.					SEC 14 (9-0			
			vative Securities Acq puts, calls, warrants				Owned				
1. Title of Derivative Security (Instr. 3)	ve Conversion (Month/Day/Yea or Exercise		3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4		8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	or Title N of	umber		
Repo	rting O	wners									
Reporting Owner Name / Address Relationships											
			Director 10% Owner	r Officer		Other					
MOLINA J MARIO MD 2277 FAIR OAKS BOULEVARD SUITE 440 SACRAMENTO, CA 95825		OULEVARD	Х	Presi	dent & C	EO Settlo	r- Molina	Siblings	s Trust		
Signa	tures										
/s/ Joseph Attorney-		a, M.D., by Jeff D	9. Barlow,		12	/09/2005					
	** ~ .										

Explanation of Responses:

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

**Signature of Reporting Person

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

Date

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

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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.