MOLINA HEALTHCARE INC

Form 4

September 11, 2006

FORM 4	FO	R	M	4	TI
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Check this box

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB APPROVAL OMB

3235-0287 Number:

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response...

if no longer subject to Section 16. Form 4 or Form 5

obligations

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

may continue. 30(h) of the Investment Company Act of 1940 See Instruction

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * FEDAK CHARLES Z

2. Issuer Name and Ticker or Trading

Issuer

Symbol

MOLINA HEALTHCARE INC

(Check all applicable)

5. Relationship of Reporting Person(s) to

[MOH]

(Middle)

(Zip)

(Last) (First) 3. Date of Earliest Transaction

_X__ Director Officer (give title

10% Owner Other (specify

2277 FAIR OAKS BOULEVARD,

(Street)

(State)

SUITE 440

(City)

4. If Amendment, Date Original

6. Individual or Joint/Group Filing(Check

Applicable Line)

Filed(Month/Day/Year)

(Month/Day/Year)

09/08/2006

X Form filed by One Reporting Person Form filed by More than One Reporting

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

SACRAMENTO, CA 95825

		140	1011-1	Derivative	becu	i ines Acqui	rcu, Disposcu oi,	or Denemeral	y Owned
1.Title of	2. Transaction Date		3.			cquired (A)	5. Amount of	6.	7. Nature of
Security	(Month/Day/Year)	Execution Date, if	Transactiomr Disposed of (D)				Securities	Ownership	Indirect
(Instr. 3)		any	Code	(Instr. 3,	4 and	5)	Beneficially	Form:	Beneficial
		(Month/Day/Year)	(Instr. 8)				Owned	Direct (D)	Ownership
							Following	or Indirect	(Instr. 4)
					()		Reported	(I)	
					(A)		Transaction(s)	(Instr. 4)	
			G 1 17		or	ъ.	(Instr. 3 and 4)		
			Code V	Amount	(D)	Price			
Common						\$			
	09/08/2006		S	9,000	D	36.7091	4,000 (2)	D	
Stock						(1)	, -		

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)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)

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	Transaction Code of (Instr. 8) E		Transact Code			vative rities nired or osed 0)	6. Date Exerc Expiration D (Month/Day/	ate	7. Title and A Underlying S (Instr. 3 and	Securities	8. Price Deriva Securit (Instr. :
				Code V	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			
Stock Option (Right to Buy)	\$ 16.98							(3)	01/01/2013	Common Stock	14,000			
Stock Option (Right to Buy)	\$ 25.33							<u>(3)</u>	02/10/2014	Common Stock	4,000			

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
FEDAK CHARLES Z							
2277 FAIR OAKS BOULEVARD, SUITE 440	X						
SACRAMENTO, CA 95825							

Signatures

Charles Z. Fedak, CPA, by Jeff D. Barlow, Attorney-in-Fact.

09/11/2006

**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) Represents the weighted average sale price of 7 sales on 9/8/2006.
- (2) 3,750 of the 4,000 shares are unvested, with increments of 1,250 shares each to vest on September 30, 2006, December 31, 2006, and March 31, 2007.
- (3) The options are exercisable immediately.

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.

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