MOLINA HEALTHCARE INC

Form 4 July 02, 2007

FORM 4

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

OMB Number:

if no longer subject to Section 16. Form 4 or

Check this box

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

Estimated average burden hours per response... 0.5

Expires:

OMB APPROVAL

3235-0287

January 31,

2005

Form 5 obligations may continue.

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 See Instruction

1(b).

(Last)

(City)

(Print or Type Responses)

1. Name and Address of Reporting Person * **KULICH ROMAN**

2. Issuer Name and Ticker or Trading

5. Relationship of Reporting Person(s) to Issuer

Symbol

MOLINA HEALTHCARE INC [MOH]

(Check all applicable)

(Middle)

(Zip)

3. Date of Earliest Transaction (Month/Day/Year)

Director 10% Owner X_ Officer (give title Other (specify below)

6. Individual or Joint/Group Filing(Check

2277 FAIR OAKS BLVD, STE 440

(First)

(Street)

(State)

06/29/2007

Pres & CEO of Molina of MI

4. If Amendment, Date Original

Applicable Line)

Filed(Month/Day/Year)

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

Person

SACRAMENTO, CA 95825

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 1. Title of 2. Transaction Date 2A. Deemed Security (Month/Day/Year) Execution Date, if (Instr. 3) (Month/Day/Year)

3. 4. Securities Acquired Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8)

5. Amount of Securities Beneficially (D) or Owned Indirect (I) Following (Instr. 4)

6. Ownership 7. Nature of Form: Direct Indirect Beneficial Ownership (Instr. 4)

(A) Amount (D)

Reported Transaction(s) (Instr. 3 and 4)

Common Stock

06/29/2007

 $A^{(1)}$ 768 30.52

Price

 $9,234 \frac{(2)}{2}$

D

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)	4. Transaction Code (Instr. 8)	5. Dr.Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. De Se (In
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Options (Right to Buy)	\$ 25.33					02/10/2005(3)	02/10/2014	Common Stock	20,000	
Stock Options (Right to Buy)	\$ 44.29					07/01/2006(4)	07/01/2015	Common Stock	4,800	
Stock Options (Right to Buy)	\$ 28.66					02/02/2007(5)	02/02/2016	Common Stock	8,100	
Stock Options (Right to Buy)	\$ 31.32					03/01/2008(6)	03/01/2017	Common Stock	2,000	

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		

KULICH ROMAN 2277 FAIR OAKS BLVD, STE 440 SACRAMENTO, CA 95825

Pres & CEO of Molina of MI

Signatures

Roman Kulich, by Jeff D. Barlow, Attorney-in-Fact. 07/02/2007

**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).

Reporting Owners 2

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- (1) The shares were acquired under the Molina Healthcare, Inc. 2002 Employee Stock Purchase Plan.
- (2) 2,500 shares vest in one-quarter increments on each of 3/1/08, 3/1/09, 3/1/10 and 3/1/11. 3,500 of the shares are subject to a restriction on transfer until August 2, 2007. The remainder of the shares are fully vested.
- (3) The options vest in one-third increments on each of 2/10/2005, 2/10/2006, and 2/10/2007.
- (4) The options vest in one-third increments on each of 7/1/2006, 7/1/2007, and 7/1/2008.
- (5) The options vest in one-third increments on each of 2/2/2007, 2/2/2008, and 2/2/2009.
- (6) The options vest in one-quarter increments on each of 3/1/08, 3/1/09, 3/1/10, and 3/1/11.

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.