#### MOLINA HEALTHCARE INC

Form 4

January 02, 2008

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

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

may continue. See Instruction 1(b).

obligations

(Print or Type Responses)

WHITE JOSEPH W CPA

2. Issuer Name and Ticker or Trading

Symbol

MOLINA HEALTHCARE INC

[MOH]

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

(Zip)

(Month/Day/Year) 12/31/2007

2277 FAIR OAKS BLVD, STE 440

(State)

1. Name and Address of Reporting Person \*

(Street) 4. If Amendment, Date Original

Filed(Month/Day/Year)

5. Relationship of Reporting Person(s) to

OMB

Number:

Expires:

response...

Estimated average

burden hours per

**OMB APPROVAL** 

3235-0287

January 31,

2005

0.5

Issuer

(Check all applicable)

Director 10% Owner X\_ Officer (give title Other (specify

below) below)

VP, Accounting

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

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 1. Title of 2. Transaction Date 2A. Deemed 3. 4. Securities Acquired 5. Amount of 6. Ownership 7. Nature of Security (Month/Day/Year) Execution Date, if Transaction(A) or Disposed of Securities Form: Direct Indirect (Instr. 3) any Code (D) Beneficially (D) or Beneficial Indirect (I) Ownership (Month/Day/Year) (Instr. 8) (Instr. 3, 4 and 5) Owned Following (Instr. 4) (Instr. 4) Reported (A) Transaction(s) or (Instr. 3 and 4) Price

Common

Stock

(City)

12/31/2007

Code V Amount (D)

 $A^{(1)}$ 61 38.7

 $10,357 \stackrel{(2)}{=}$ 

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)	onNumber			7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8 I S
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Option (Right to Buy)	\$ 25.33					02/10/2005(3)	02/10/2014	Common Stock	15,000	
Stock Option (Right to Buy)	\$ 44.29					07/01/2006(4)	07/01/2015	Common Stock	4,500	
Stock Option (Right to Buy)	\$ 28.66					02/02/2007(5)	02/02/2016	Common Stock	9,500	
Stock Option (Right to Buy)	\$ 31.32					03/01/2008(6)	03/01/2017	Common Stock	3,000	

## **Reporting Owners**

Reporting Owner Name / Address	Relationships					
·F · · · · · · · · · · · · · · · · · ·	Director	10% Owner	Officer	Other		
WHITE JOSEPH W CPA						
2277 FAIR OAKS BLVD, STE 440			VP, Accounting			
SACRAMENTO, CA 95825						

## **Signatures**

Jeff D. Barlow, by power of attorney for Joseph W. 01/02/2008

\*\*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).

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- (1) The shares were acquired under the Molina Healthcare, Inc. 2002 Employee Stock Purchase Plan.
  - 5,327 of the shares are unvested. Increments of 220 shares each shall vest on each of 7/1/2008, 7/1/2009, and 7/1/2010; increments of
- (2) 833/4 shares shall vest on each of 8/15/2008 and 8/15/2009; and increments of 750 shares shall vest on each of 3/1/2008, 3/1/2009, 3/1/2010, and 3/1/2011.
- (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.