MOLINA HEALTHCARE INC

Form 4

January 02, 2008

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

OMB Number:

3235-0287 January 31,

0.5

Check this box if no longer

subject to Section 16. STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

Expires: 2005 Estimated average

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burden hours per response...

Form 4 or 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).

(Last)

(City)

(Print or Type Responses)

1. Name and Address of Reporting Person * **DESAI AMIR**

2. Issuer Name and Ticker or Trading Symbol

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

MOLINA HEALTHCARE INC

[MOH]

3. Date of Earliest Transaction

(Month/Day/Year)

10% Owner X_ Officer (give title Other (specify

200 OCEANGATE, SUITE 100

(First)

(State)

12/31/2007

below)

Director

below) Chief Information Officer

(Street) 4. If Amendment, Date Original

(Zip)

(Middle)

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

LONG BEACH, CA 90802

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) any (Month/Day/Year)

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

6. Ownership 7. Nature of Securities Form: Direct Indirect Beneficially (D) or Beneficial Indirect (I) Ownership Owned Following (Instr. 4) (Instr. 4) Reported

(A) or

38.7

Transaction(s) (Instr. 3 and 4)

 $7,892 \stackrel{(2)}{=}$

Common 12/31/2007 Stock

Code V Amount (D) Price $A^{(1)}$ 381

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. Transact Code (Instr. 8)	5. ionNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			7. Title and A Underlying S (Instr. 3 and	Securities
				Code V	' (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Options (Right to Buy)	\$ 31.32					03/01/2008(3)	03/01/2017	Common Stock	2,000
Stock Options (Right to Buy)	\$ 32.58					08/15/2008 <u>(4)</u>	08/15/2007	Common Stock	1,000

Reporting Owners

Reporting Owner Name / Address	Relationships
Kenaring Liwner Name / Address	

Director 10% Owner Officer Other

DESAI AMIR

200 OCEANGATE, SUITE 100 Chief Information Officer

LONG BEACH, CA 90802

Signatures

Jeff D. Barlow, by power of attorney for Amir Desai. 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).
- (1) The shares were acquired under the Molina Healthcare, Inc. 2002 Employee Stock Purchase Plan.
- (2) 1,325 shares are vested. Increments of 533 shares will vest on each of 8/25/08 and 8/25/09; increments of 625 shares will vest on each of 3/1/08, 3/1/09, 3/1/10, and 3/1/11; and increments of 750 shares will vest on each of 8/15/08, 8/15/09, 8/15/10, and 8/15/11.
- (3) The options vest in one-quarter increments on each of 3/1/08, 3/1/09, 3/1/10, and 3/1/11.
- (4) The options vest in one-quarter increments on each of 8/15/08, 8/15/09, 8/15/10, and 8/15/11.

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.

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