DESAI AMIR Form 4 March 03, 2010

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB Number:

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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations 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 * 5. Relationship of Reporting Person(s) to 2. Issuer Name and Ticker or Trading **DESAI AMIR** Issuer Symbol MOLINA HEALTHCARE INC (Check all applicable) [MOH] (Last) (First) (Middle) 3. Date of Earliest Transaction Director 10% Owner _X__ Officer (give title _ Other (specify (Month/Day/Year) below) 200 OCEANGATE, SUITE 100 03/01/2010 **Chief Information Officer** (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Filing(Check Filed(Month/Day/Year) Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person

LONG BEACH, CA 90802

(City)	(State)	(Zip) Tabl	e I - Non-D	Derivative	Secur	ities Acq	uired, Disposed o	f, or Beneficial	ly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired on(A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or Amount (D) Price		5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock	03/01/2010		A(1)	6,600	A	\$ 21.77 (2)	20,957	D	
Common Stock	03/01/2010		F(3)	1,477	D	\$ 21.77 (2)	19,480 (4)	D	

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

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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. onNumber 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 II S ((
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Options (Right to Buy)	\$ 31.32					03/01/2008(5)	03/01/2017	Common Stock	2,000	
Stock Options (Right to Buy)	\$ 32.58					08/15/2008 <u>(6)</u>	08/15/2007	Common Stock	1,000	

Reporting Owners

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

DESAI AMIR

200 OCEANGATE, SUITE 100 LONG BEACH, CA 90802

Chief Information Officer

Signatures

Jeff D. Barlow, by power of attorney for Amir Desai.

03/03/2010

Relationshine

**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 granted under the Molina Healthcare, Inc. 2002 Equity Incentive Plan.
- (2) Represents closing price on March 1, 2010.
- (3) The shares were applied to the payment of withholding taxes arising in connection with the vesting of 3,425 shares on March 1, 2010.
- (4) Increments of 1,650 shares vest on each of 3/1/2011, 3/1/2012, 3/1/2013, and 3/1/2014; 625 shares vest on 3/1/2011; increments of 750 shares vest on each of 8/15/2010 and 8/15/2011; increments of 1,400 shares vest on each of 3/1/2011 and 3/1/2012; and additional

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increments of 1,400 shares vest on each of 3/1/2011, 3/1/2012, and 3/1/2013. The remainder of the shares are vested.

- (5) 1,500 of the options are vested; 500 options vest on 3/1/2011.
- (6) 500 of the options are vested; increments of 250 options vest on each of 8/15/2010 and 8/15/2011.

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.