

MOLINA HEALTHCARE INC
 Form 4
 June 10, 2008

FORM 4

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

OMB APPROVAL

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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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

(Print or Type Responses)

1. Name and Address of Reporting Person *
BATTISTE JOSEPHINE M

2. Issuer Name and Ticker or Trading Symbol
MOLINA HEALTHCARE INC [MOH]

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

(Last) (First) (Middle)
 2277 FAIR OAKS
 BOULEVARD, SUITE 440
 (Street)

3. Date of Earliest Transaction (Month/Day/Year)
 06/09/2008

____ Director
 ____ Officer (give title below) 10% Owner
 ____ Other (specify below)
 Settlor-Molina Siblings Trust

SACRAMENTO, CA 95825

4. If Amendment, Date Original Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check Applicable Line)
 Form filed by One Reporting Person
 Form filed by More than One Reporting Person

(City) (State) (Zip)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially 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 (A) or Disposed of (D) (Instr. 3, 4 and 5) | 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 Ownership (Instr. 4) | | | |
|---------------------------------|--------------------------------------|--|--------------------------------|---|---|--|-----------------------------------|---------|---|----------------------------------|
| | | | Code | V | Amount | (A) or (D) | Price | | | |
| Common Stock | 06/09/2008 | | J ⁽¹⁾ | | 7,022 | D | \$ 0 | 32,978 | I | Interest in Trust ⁽²⁾ |
| Common Stock | 06/09/2008 | | J ⁽¹⁾ | | 32,384 | D | \$ 0 | 27,616 | I | Interest in Trust ⁽³⁾ |
| Common Stock | 06/09/2008 | | J ⁽¹⁾ | | 39,406 | A | \$ 0 | 245,701 | I | Interest in Trust ⁽⁴⁾ |
| Common Stock | | | | | | | | 38,806 | I | Interest in Trust ⁽⁵⁾ |
| Common Stock | | | | | | | | 45,136 | D | |

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) Transfer without consideration from JMB GRAT 607/5 and JMB GRAT 607/2 to Ms. Battiste.
- (2) The shares are owned by the JMB GRAT 607/5, of which Ms. Battiste is a beneficiary and her spouse is trustee.
- (3) The shares are owned by the JMB GRAT 607/2, of which Ms. Battiste is a beneficiary and her spouse is trustee.
- (4) The shares are owned by the Josephine M. Battiste Separate Property Trust, of which Ms. Battiste is trustee and beneficiary.
- (5) The shares are owned by the Josephine M. Molina Remainder Trust I, of which Ms. Battiste is trustee and beneficiary.
- (6) The shares are owned by the Battiste Family Trust, of which Ms. Battiste is a co-trustee and beneficiary.
- (7) The shares are owned by the Molina Children's Trust for Josephine M. Molina (1997), of which Ms. Battiste is a co-trustee and beneficiary.
- (8) All Form 4 filings for the Reporting Person beginning December 8, 2005 inadvertently overstated this holding by 36,000 shares.
- (9) The shares are owned by the Josephine M. Molina Trust (1995), of which Ms. Battiste is a co-trustee and beneficiary.

Remarks:

The reporting person, Josephine M. Battiste, formerly reported under the name Josephine M. Molina.

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.