MOLINA HEALTHCARE INC

Form 4/A April 04, 2005

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB APPROVAL OMB

3235-0287 Number:

January 31, Expires: 2005

burden hours per 0.5

Estimated average response...

5. Relationship of Reporting Person(s) to

Issuer

160,000

I

if no longer subject to Section 16. Form 4 or

Check this box

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

2. Issuer Name and Ticker or Trading

Symbol

1(b).

Common

Stock

(Print or Type Responses)

MOLINA J MARIO MD

1. Name and Address of Reporting Person *

			MOLINA HEALTHCARE INC [MOH]					С	(Check all applicable)				
				e of Earliest Transaction h/Day/Year) b/2005					X Director 10% OwnerX Officer (give titleX Other (specify below) President & CEO / Settlor-Molina Siblings Trust				
(Street) 4. If An				Amendment, Date Original					6. Individual or Joint/Group Filing(Check				
Filed(03/18 SACRAMENTO, CA 95825				nth/Day/`	Year))			Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(State)	(Zip)			_		~						
(City)	(State)	(Zip)	Tabl	le I - No	n-D	erivative (Secur	ities Ac	equired, Disposed	l of, or Benefic	ially Owned		
1.Title of Security (Instr. 3)	2. Transaction D (Month/Day/Yea	ar) Execution	emed on Date, if /Day/Year)	3. Transa Code (Instr.		4. SecurinAcquired Disposed (Instr. 3,	l (A) c l of (D))	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	03/16/2005(1)			G	V	2,500	D	\$ 0 (2)	481,795 <u>(3)</u>	D			
Common Stock	03/16/2005(1)			G	V	2,500	D	\$ 0 (2)	479,295	D			
											General		

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

Partner of

Partnership

Family

(4)

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SEC 1474 (9-02)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative	2. Conversion	3. Transaction Date (Month/Day/Year)		4.	5. onNumber	6. Date Exerc Expiration D		7. Titl		8. Price of Derivative	9. Nu Deriv
Security (Instr. 3)	or Exercise Price of Derivative Security	(Month/Day/Tear)	any (Month/Day/Year)	Code (Instr. 8)	of	(Month/Day/		Under Securi	rlying	Security (Instr. 5)	Secur Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
MOLINA J MARIO MD 2277 FAIR OAK BOULEVARD, SUITE 440 SACRAMENTO, CA 95825	X		President & CEO	Settlor-Molina Siblings Trust			

Signatures

Joseph M. Molina, M.D., by Jeff D. Barlow, Attorney-in-Fact.

**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) As corrected pursuant to this amendment.
- (2) Price not applicable to gift.
- (3) The number of shares held has been adjusted downward by 100 shares to correct an immaterial error in the reporting person's previous Form 4 filings.
- (4) The shares are owned by the Molina Family Partnership, L.P., of which Dr. Molina is the sole general partner. Dr. Molina and his spouse each hold a 0.5% ownership interest in the partnership. The remaining 99% of ownership interests in the partnership are held in equal amounts by the Joseph Marion Molina, M.D. Annuity Trust No. 1, the Joseph Marion Molina, M.D. Annuity Trust No. 2, and the Joseph Marion Molina, M.D. Annuity Trust No. 3. Dr. Molina is trustee and certain immediate family members of Dr. Molina are the

Reporting Owners 2

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beneficiaries of these trusts.

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.