BATTISTE JOSEPHINE M

Form 4

December 06, 2005

(City)

(Zin)

(State)

OMB APPROVAL FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION OMB 3235-0287 Washington, D.C. 20549 Number: Check this box January 31, Expires: if no longer STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF subject to Estimated average **SECURITIES** Section 16. burden hours per Form 4 or response... Form 5 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 *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) C/O MOLINA HEALTHCARE, INC., ONE GOLDEN SHORE DRIVE	3. Date of Earliest Transaction (Month/Day/Year) 12/05/2005	Director 10% Owner Officer (give titleX Other (specify below) Settlor-Molina Siblings Trust			
(Street) LONG BEACH, CA 90802	4. If Amendment, Date Original 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			

(City)	(State) (A	Table Table	e I - Non-Do	erivative S	ecurit	ies Acq	puired, Disposed	of, or Beneficial	lly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution Date, if any	Code	Transaction(A) or Disposed of Code (D)		5. Amount of Securities Beneficially	6. Ownership Form: Direct (D) or	Indirect Beneficial	
		(Month/Day/Year)	(Instr. 8) Code V	(Instr. 3, 4)	(A) or (D)	Price	Owned Following Reported Transaction(s) (Instr. 3 and 4)	Indirect (I) (Instr. 4)	Ownership (Instr. 4)
Common Stock	12/05/2005		<u>J(1)</u>	60,837	A	\$0	379,798	D	
Common Stock	12/05/2005		J(2)	460	A	\$0	380,258	D	
Common Stock							83,911	I	See footnote (3)
Common Stock							237,303	I	See footnote (4)

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

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SEC 1474

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9. Nu Deriv Secur Bene

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

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	isable and	7. Titl	le and	8. Price of	•
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	orNumber	Expiration Da	ate	Amou	ınt of	Derivative]
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	į
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Secur	ities	(Instr. 5)	Ì
	Derivative				Securities			(Instr.	3 and 4)		
	Security				Acquired						1
					(A) or						1
					Disposed						
					of (D)						
					(Instr. 3,						
					4, and 5)						
									Amount		
									Amount		
						Date	Expiration	Title	or Namelana		
						Exercisable	Date	ritie	Number		
				C-1- V	(A) (D)				of		
				Code V	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

BATTISTE JOSEPHINE M C/O MOLINA HEALTHCARE, INC. ONE GOLDEN SHORE DRIVE LONG BEACH, CA 90802

Settlor-Molina Siblings Trust

Signatures

/s/ Josephine M. Molina, by Karen Calhoun, Attorney-in-Fact

12/05/2005

**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) Transfer without consideration from MRM GRAT 903/2.
- (2) Transfer without consideration from the Mary R. Molina Living Trust.
- (3) The shares are owned by the Molina Children's Trust for Josephine M. Molina (1997), of which Ms. Molina is a co-trustee and beneficiary.
- (4) The shares are owned by the Josephine M. Molina Trust (1995), of which Ms. Molina is a co-trustee and beneficiary.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Reporting Owners 2

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