SIEGEL MICHAEL M Form 4 March 05, 2007

# FORM 4

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

OMB

Check this box if no longer subject to

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES** 

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**OMB APPROVAL** 

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Section 16.

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).

(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 SIEGEL MICHAEL M Issuer Symbol

> MOLINA HEALTHCARE INC (Check all applicable) [MOH]

Director 10% Owner

Chief Medical Officer

(Last) (First) (Middle)

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

X\_ Officer (give title Other (specify below)

2277 FAIR OAKS BOULEVARD. SUITE 440

(Street)

(State)

03/01/2007

(Zip)

4. If Amendment, Date Original

6. Individual or Joint/Group Filing(Check Applicable Line)

Filed(Month/Day/Year)

\_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

SACRAMENTO, CA 95825

(City)

1. Title of 2. Transaction Date 2A. Deemed 3. 4. Securities 5. Amount of 6. Ownership 7. Nature of Security (Month/Day/Year) Execution Date, if TransactionAcquired (A) or Securities Form: Direct Indirect (Instr. 3) Code Disposed of (D) Beneficially (D) or Beneficial (Instr. 3, 4 and 5) Ownership (Month/Day/Year) (Instr. 8) Owned Indirect (I) Following (Instr. 4) (Instr. 4) Reported (A) Transaction(s) or (Instr. 3 and 4) Price Code V Amount (D)

Common  $A^{(1)}$ 03/01/2007 \$0 3,500 Α  $5,150^{(2)}$ D Stock

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)

#### Edgar Filing: SIEGEL MICHAEL M - Form 4

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. Transactic Code (Instr. 8)	5. Number coof Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Options (Right to Buy)	\$ 24.26					01/23/2007(3)	01/23/2016	Common Stock	3,350
Stock Option (Right to Buy)	\$ 31.32	03/01/2007		A(4)	3,000	03/01/2008(5)	03/01/2017	Common Stock	3,000

# **Reporting Owners**

Reporting Owner Name / Address	Kelationships					
•	Director	10% Owner	Officer	Other		

SIEGEL MICHAEL M 2277 FAIR OAKS BOULEVARD, SUITE 440 SACRAMENTO, CA 95825

Chief Medical Officer

# **Signatures**

Michael M. Siegel, by Jeff D. Barlow, Attorney-in-Fact.

03/05/2007

Date

\*\*Signature of Reporting Person

#### **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) Grant of restricted shares under the issuer's 2002 Equity Incentive Plan. The shares vest in one-quarter increments on each of 3/1/08, 3/1/09, 3/1/10, and 3/1/11.
- (2) 1,650 shares vest in one-third increments on each of 1/23/07, 1/23/08, and 1/23/09. 3,500 shares vest in one-quarter increments on each of 3/1/08, 3/1/09, 3/1/10, and 3/1/11.
- (3) The options vest in one-third increments on each of 1/23/07, 1/23/08, and 1/23/09.
- (4) Grant of options under the issuer's 2002 Equity Incentive Plan.
- (5) The options vest in one-quarter increments on each of 3/1/08, 3/1/09, 3/1/10, and 3/1/11.

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.

Reporting Owners 2