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KOONTZ L	ILLIS ANN										
Form 4	0006										
January 04, 2										PPROVAL	
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287		
Check thi if no long subject to Section 1 Form 4 o Form 5 obligation may cont <i>See</i> Instru 1(b).	6. r Filed pu inue. Section 17	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 20(b) of the Investment Company Act of 1040								Expires:January 31, 2005Estimated average burden hours per response0.5	
(Print or Type F	Responses)										
1. Name and Address of Reporting Person <u>*</u> KOONTZ LILLIS ANN			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 BLVD, STE 440			3. Date of Earliest Transaction (Month/Day/Year) 12/30/2005					Director 10% Owner X Officer (give title 0ther (specify below) below) VP, Health Plan Operations			
				Amendment, Date Original Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
SACRAME	NTO, CA 9582	5						Form filed by M Person	lore than One Re	porting	
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Da (Month/Day/Year	r) Executio any	med n Date, if Day/Year)	3. Transactio Code (Instr. 8) Code V	(Instr. 3,	ispose	d 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)		
Common Stock								17,908 <u>(1)</u>	D		
Common Stock	12/30/2005			J <u>(2)</u>	323	A	\$ 26.64	18,231	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)

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. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	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)	\$ 25.33					02/10/2005 <u>(3)</u>	02/10/2014	Common Stock	15,000	
Stock Options (Right to Buy)	\$ 4.5					<u>(4)</u>	12/27/2010	Common Stock	9,240	
Stock Options (Right to Buy)	\$ 44.29					07/01/2006 <u>(5)</u>	07/01/2015	Common Stock	5,000	

Reporting Owners

Reporting Owner Name / Address	Relationships					
I g i i i i i i i i i i i i i i i i i i	Director	10% Owner	Officer	Other		
KOONTZ LILLIS ANN 2277 FAIR OAKS BLVD, STE 440 SACRAMENTO, CA 95825			VP, Health Plan Operations			
Signatures						
Lillis Ann Koontz, by Jeff D. Barlow, Attorney-in-Fact.	,		01/04/2006			
<u>**</u> Signature of Reporting Person			Date			
Explanation of Responses:						

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) 1,241 of the shares are fully vested. 16,667 of the shares represent restricted stock granted under the Molina Healthcare, Inc. 2002 Equity Incentive Plan, with one-half of the 16,667 shares to vest on each of 9/13/2006 and 9/13/2007.

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- (2) The shares were acquired under the Molina Healthcare, Inc. 2002 Employee Stock Purchase Plan.
- (3) The options vest one-third on each of 2/10/2005, 2/10/2006, and 2/10/2007.
- (4) The options became fully exercisable upon the closing of the initial public offering of the issuer.
- (5) The options vest one-third on each of 7/1/2006, 7/1/2007, and 7/1/2008.

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.