### MOLINA HEALTHCARE INC

Form 4/A

Common

Stock

September 27	7, 2006							
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION						OMB APPROVAL		
	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549					3235-0287		
Check this if no long subject to Section 16 Form 4 or	er STATEM		IGES IN BENEFICIAL OV SECURITIES	VNERSHIP OF	Expires: Estimated a burden hou response	rs per		
Form 5 obligations may continue. See Instruction 1(b).  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 R	esponses)							
MOLINA JOHN C Symbol			r Name and Ticker or Trading	5. Relationship of Reporting Person(s) to Issuer				
		MOLIN [MOH]	NA HEALTHCARE INC	eck all applicable)				
			f Earliest Transaction Day/Year)	_X_ Director _X_ 10% Owner _X_ Officer (give title _X_ Other (specify below) below)				
C/O MOLINA HEALTHCARE, 09/12/2006 CFO / Trustee INC., ONE GOLDEN SHORE DRIVE								
			ndment, Date Original  ath/Day/Year)  One  6. Individual or Joint/Group I  Applicable Line)  _X_ Form filed by One Reporting			erson		
LONG BEACH, CA 90802				Form filed by M Person	by More than One Reporting			
(City)	(State)	Zip) Tabl	le I - Non-Derivative Securities A	equired, Disposed of	f, or Beneficial	ly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		(A) or	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	09/12/2006		Code V Amount (D) Price $G_{}^{(1)}$ V 4,445 D $0$		D (2)			
Common Stock				830,733	D			
Common Stock				3,356,000	I	Trustee of Family Trust (3)		

50,394

I

Trustee of Family

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Trust (4)

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

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SEC 1474 (9-02)

> 9. Nu Deriv Secur Bene Own Follo Repo Trans (Instr

# 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		4.	5.	6. Date Exerc		7. Titl		8. Price of	
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	onNumber	Expiration D	ate	Amou	int of	Derivative	
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securi	ities	(Instr. 5)	
	Derivative				Securities			(Instr.	3 and 4)		
	Security				Acquired				,		
	Security				(A) or						
					Disposed						
					of (D)						
					` ′						
					(Instr. 3,						
					4, and 5)						
									Amount		
						<b>.</b>			or		
							Date	Expiration	Title	Number	
						Exercisable Date	Date	11010	of		
				Code V	(A) (D)				Shares		
				Code v	$(\Lambda)$ $(D)$				Shares		

# **Reporting Owners**

Reporting Owner Name / Address	Relationships				
	Director	10% Owner	Officer	Other	
MOLINA JOHN C C/O MOLINA HEALTHCARE, INC. ONE GOLDEN SHORE DRIVE LONG BEACH, CA 90802	X	X	CFO	Trustee	

### **Signatures**

/s/ John C. Molina, by Karen Calhoun,
Attorney-in-Fact

09/27/2006

\*\*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).

Date

- (1) Gift by John C. Molina and his spouse.
- (2) The shares are owned by Mr. Molina and his spouse as community property.
- (3) The shares are owned by the Molina Siblings Trust, of which Mr. Molina is the trustee and certain immediate family members of Mr. Molina are the beneficiaries.

Reporting Owners 2

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(4) The shares are owned by the M/T Molina Children's Education Trust, of which Mr. Molina is the trustee and certain immediate family members of Mr. Molina are the beneficiaries.

#### **Remarks:**

This Amendment is being filed solely to correct a clerical error in the direct ownership.

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.