WATT JANET M Form 4

January 17, 2007

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB Number:

3235-0287

Expires:

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OMB APPROVAL

if no longer subject to Section 16. Form 4 or Form 5

obligations

Check this box

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 may continue. See Instruction

30(h) of the Investment Company Act of 1940

1(b).

(Last)

Stock

Common

(Print or Type Responses)

1. Name and Address of Reporting Person * 2. Issuer Name and Ticker or Trading **WATT JANET M** Symbol

5. Relationship of Reporting Person(s) to

Issuer

MOLINA HEALTHCARE INC

(Check all applicable)

[MOH]

(Middle)

3. Date of Earliest Transaction

Director 10% Owner __X__ Other (specify Officer (give title below)

(Month/Day/Year)

01/16/2007

below) Settlor-Molina Siblings Trust

6. Individual or Joint/Group Filing(Check

MOLINA HEALTHCARE, INC., 2277 FAIR OAKS **BOULEVARD, SUITE 440**

> (Street) 4. If Amendment, Date Original Filed(Month/Day/Year)

14,681

428,196

Applicable Line)

X Form filed by One Reporting Person Form filed by More than One Reporting

 $D^{(3)}$

D

Person

SACRAMENTO, CA 95825-000

(First)

(City)	(State)	(Zip) Tab	le I - Non-	Derivative	Securitie	es Acquir	ed, Disposed of,	or Beneficiall	y Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securit for Dispos (Instr. 3, 4	ed 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							121,937	I	See footnote (1)
Common Stock							41,956	I	See footnote (2)
Common							11 601	D (3)	

Stock

Common					\$			See
Common Stock	01/16/2007	S(4)	12,500	D	34.4452	44,908	I	footnote
Stock					(5)			(6)

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

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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 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. Transact Code (Instr. 8)	5. ionNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Tit Amou Unde Secur (Instr	int of rlying	8. Price of Derivative Security (Instr. 5)
				Code \	7 (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

WATT JANET M MOLINA HEALTHCARE, INC. 2277 FAIR OAKS BOULEVARD, SUITE 440 SACRAMENTO, CA 95825-0001

Settlor-Molina Siblings Trust

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

Signatures

/s/ Janet M. Watt, by Karen Calhoun, Attorney-in-Fact

01/17/2007

**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) The shares are owned by the Janet Marie Watt Trust (1995), of which Ms. Watt is a co-trustee and beneficiary.

Reporting Owners 2

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- (2) The shares are owned by the Molina Children's Trust for Janet M. Watt (1997), of which Ms. Watt is a co-trustee and beneficiary.
- (3) The shares are owned by Ms. Watt and her spouse as community property.
- (4) The shares were sold under the Rule 10b5-1 Trading Plan of the reporting person.
- (5) Represents the weighted average sale price of sales on the transaction date.
- (6) The shares are owned by the Watt Family Trust, of which Ms. Watt is co-trustee and co-beneficiary.

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.