Edgar Filing: MOLINA HEALTHCARE INC - Form 4

MOLINA HI Form 4 August 10, 2	EALTHCARE II 006	NC									
FORM			SECURITIES AND EXCHANGE CO Washington, D.C. 20549					OMB AF OMB Number:	PROVAL 3235-0287		
Check thi if no long subject to Section 1 Form 4 of Form 5 obligation may cont <i>See</i> Instru 1(b).	6. Filed pur 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(h) of the Investment Company Act of 1940								Expires:January 31Expires:2005Estimated averageburden hours perresponse0.5	
(Print or Type R	Responses)										
WHITE JOSEPH W CPA Symbol				INA HEALTHCARE INC				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) 08/09/2006					Director 10% Owner XOfficer (give title Other (specify below) below) VP, Accounting			
SACDAME	Filed(Month/Day/Year) Applic				Applicable Line) _X_ Form filed by C	al or Joint/Group Filing(Check ine) led by One Reporting Person ed by More than One Reporting					
(City)	(State)	(Zip)	<i>(</i> 1)			C	••	Person			
1.Title of Security (Instr. 3)	2. Transaction Dat (Month/Day/Year)	e 2A. Deer Executio any	A. Deemed 3. Execution Date, if Tra ny Coc Month/Day/Year) (Ins		ransaction(A) or Disposed 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		
Common Stock	n					(-)		4,782 <u>(1)</u>	D		
Common Stock	08/09/2006			S	220	D	\$ 34.98	4,562	D		

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

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

Edgar Filing: MOLINA HEALTHCARE INC - Form 4

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)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. De Se (In
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Option (Right to Buy)	\$ 25.33					02/10/2005 <u>(2)</u>	02/10/2014	Common Stock	15,000	
Stock Option (Right to Buy)	\$ 44.29					07/01/2006 <u>(3)</u>	07/01/2015	Common Stock	4,500	
Stock Option (Right to Buy)	\$ 28.66					02/02/2007 <u>(4)</u>	02/02/2016	Common Stock	9,500	

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
WHITE JOSEPH W CPA 2277 FAIR OAKS BLVD, STE 440 SACRAMENTO, CA 95825			VP, Accounting				
Signatures							
Joseph W. White, by Jeff D. Barlow, Attorney-in-Fact.			08/10/2006				
<u>**</u> Signature of Reporting Person			Date				
Explanation of Respo	neae						

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) 880 of the shares are unvested, vesting in increments of 220 shares on each of 7/1/2007, 7/1/2008, 7/1/2009, and 7/1/2010. In addition, 3,500 of the vested shares are subject to a restriction on transfer until August 2, 2007.

Edgar Filing: MOLINA HEALTHCARE INC - Form 4

- (2) The options vest in one-third increments on each of 2/10/2005, 2/10/2006, and 2/10/2007.
- (3) The options vest in one-third increments on each of 7/1/2006, 7/1/2007, and 7/1/2008.
- (4) The options vest in one-third increments on each of 2/2/2007, 2/2/2008, and 2/2/2009.

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.