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MOLINA HI Form 4 July 05, 2006	EALTHCARE II	NC									
FORM	4 UNITED		SECURITIES AND EXCHANGE COM Washington, D.C. 20549					OMB AF OMB Number:	PROVAL 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.	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 Increase Act of 1940							January 31 Expires: 2005 Estimated average burden hours per response 0.5		
(Print or Type F	Responses)										
WHITE JOSEPH W CPA Symbol MOLI			Symbol	er Name and Ticker or Trading NA 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) 06/30/2006					Director 10% Owner X Officer (give title Other (specify below) VP, Accounting			
	Filed(Mon			endment, Date Original nth/Day/Year)				 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 			
	NTO, CA 95825							Person		porting	
(City) 1.Title of Security (Instr. 3) Common	(State) 2. Transaction Dat (Month/Day/Year)	Executio any		3. Transactic Code	4. Securi n(A) or Di (Instr. 3,	ties A ispose	cquired d of (D)	uired, Disposed of 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	
Stock Common Stock	06/30/2006			A <u>(2)</u>	66	A	\$ 38.05	4,716 <u>(1)</u> 4,782	D 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)	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>(3)</u>	02/10/2014	Common Stock	15,000	
Stock Option (Right to Buy)	\$ 44.29					07/01/2006 <u>(4)</u>	07/01/2015	Common Stock	4,500	
Stock Option (Right to Buy)	\$ 28.66					02/02/2007 <u>(5)</u>	02/02/2016	Common Stock	9,500	

Reporting Owners

Reporting Owner Name / Address	Relationships						
FB	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.			07/05/2006				
<u>**</u> Signature of Reporting Person			Date				
Explanation of Respo	neee	-					

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.

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- (2) The shares were acquired under the Molina Healthcare, Inc. 2002 Employee Stock Purchase Plan.
- (3) The options vest in one-third increments on each of 2/10/2005, 2/10/2006, and 2/10/2007.
- (4) The options vest in one-third increments on each of 7/1/2006, 7/1/2007, and 7/1/2008.
- (5) 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.