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Form 4	Ŧ										
July 05, 2003									OMB AF	PPROVAL	
FORM	S SECURITIES AND EXCHANGE COMMISSI Washington, D.C. 20549						OMB Number:	3235-0287			
Check th if no long subject to Section 1 Form 4 o Form 5 obligation may cont <i>See</i> Instru 1(b).	6. r Filed p ns 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(b) of the Investment Company Act of 1940								January 31Expires:2005Estimated averageburden hours perresponse0.5	
(Print or Type I	Responses)										
1. Name and A ZARZA-GA	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 BOULEVARD, SUITE 440			3. Date of Earliest Transaction (Month/Day/Year) 06/30/2005					Director 10% Owner X Officer (give title Other (specify below) below) cEO of Molina of California			
				nendment, Date Original onth/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 			
SACKAME	N10, CA 956	23						Person			
(City)	(State)	(Zip)	Tabl	e I - Non-E	Derivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction D (Month/Day/Yea	ar) Executio any			4. Securi on(A) or D (Instr. 3,	ispose 4 and (A) or	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								1,576 <u>(1)</u>	D		
Common Stock	06/30/2005			J <u>(2)</u>	154	А	\$ 44.26	1,730	D		
Common Stock ⁽³⁾	07/01/2005			А	1,000	А	\$0	2,730	D		

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

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(9-02)

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displays a currently valid OMB control number.

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. Transactic Code (Instr. 8)	5. Number on f 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)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Options (Right to Buy)	\$ 37.15					10/11/2005(4)	10/11/2014	Common Stock	9,000
Stock Options (Right to Buy)	\$ 44.29	07/01/2005		A	3,000	07/01/2006 <u>(5)</u>	07/01/2015	Common Stock	3,000

Reporting Owners

Reporting Owner Name / Address		Relationships					
hepotong o have time (the cos	Director	10% Owner	Officer	Other			
ZARZA-GARRIDO JOANN 2277 FAIR OAKS BOULEVARD, SUITE 440 SACRAMENTO, CA 95825			CEO of Molina of California				
Signatures							
Joann Zarza-Garrido, by Jeff D. Barlow, Attorney-in-Fact.		07/05/	2005				

**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).
- (1) 576 of the shares are fully vested, and 1,000 of the shares were granted as a restricted stock bonus award under the Molina Healthcare, Inc. 2002 Equity Incentive Plan and vest in full on 10/11/2005.

Date

(2) The shares were acquired under the Molina Healthcare, Inc. 2002 Employee Stock Purchase Plan.

(3)

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Grant of restricted stock under the Molina Healthcare, Inc. 2002 Equity Incentive Plan, with one-fifth of the shares to vest on each of 7/1/2006, 7/1/2007, 7/1/2008, 7/1/2009, and 7/1/2010.

(4) The options vest one-third on each of 10/11/2005, 10/11/2006, and 10/11/2007.

(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.