#### WELLCARE HEALTH PLANS, INC.

Form 4

Common

Common

Stock

Stock

12/06/2006

12/06/2006

12/06/2006

December 08, 2006

#### **OMB APPROVAL** UNITED STATES SECURITIES AND EXCHANGE COMMISSION **OMB** 3235-0287 Washington, D.C. 20549 Number: Check this box January 31, Expires: if no longer 2005 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF subject to Estimated average **SECURITIES** Section 16. burden hours per Form 4 or response... 0.5 Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940 See Instruction 1(b). (Print or Type Responses) 1. Name and Address of Reporting Person \* 5. Relationship of Reporting Person(s) to 2. Issuer Name and Ticker or Trading Farha Todd S Issuer Symbol WELLCARE HEALTH PLANS, (Check all applicable) INC. [WCG] (Last) (First) (Middle) 3. Date of Earliest Transaction \_X\_\_ Director 10% Owner X\_ Officer (give title Other (specify (Month/Day/Year) below) C/O WELLCARE HEALTH 12/06/2006 Chairman & CEO PLANS, INC., 8725 HENDERSON ROAD (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Filing(Check Filed(Month/Day/Year) Applicable Line) \_X\_ Form filed by One Reporting Person Form filed by More than One Reporting TAMPA, FL 33634 (City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 1.Title of 2. Transaction Date 2A. Deemed 3. 4. Securities Acquired 5. Amount of 6. Ownership 7. Nature of Transaction(A) or Disposed of (D) Form: Direct Indirect Security (Month/Day/Year) Execution Date, if Securities (Instr. 3) Code (Instr. 3, 4 and 5) Beneficially (D) or Beneficial (Month/Day/Year) (Instr. 8) Owned Indirect (I) Ownership Following (Instr. 4) (Instr. 4) Reported (A) Transaction(s) (Instr. 3 and 4) Code V Amount (D) Price Common 504 (1) 12/06/2006 S 1,129,464 D 67.85 Stock Common 1,129,413 12/06/2006 S 51 (1) D D Stock

S

S

S

504 (1) D

151 (1) D

152 (1) D

1,128,909

1,128,758

1,128,606

D

D

D

Edgar Filing: WELLCARE HEALTH PLANS, INC. - Form 4

Common Stock				\$ 67.72		
Common Stock	12/06/2006	S	151 <u>(1)</u> D	\$ 67.71	1,128,455	D
Common Stock	12/06/2006	S	3,682 D	\$ 67.7	1,124,773	D
Common Stock	12/06/2006	S	202 (1) D	\$ 67.67	1,124,571	D
Common Stock	12/06/2006	S	50 <u>(1)</u> D	\$ 67.65	1,124,521	D
Common Stock	12/06/2006	S	183 <u>(1)</u> D	\$ 67.63	1,124,338	D
Common Stock	12/06/2006	S	624 <u>(1)</u> D	\$ 67.62	1,123,714	D
Common Stock	12/06/2006	S	572 <u>(1)</u> D	\$ 67.61	1,123,142	D
Common Stock	12/06/2006	S	5,887 D	\$ 67.6	1,117,255	D
Common Stock	12/06/2006	S	504 (1) D	\$ 67.51	1,116,751	D
Common Stock	12/06/2006	S	656 (1) D	\$ 67.5	1,116,095	D
Common Stock	12/06/2006	S	2,068 D	\$ 67.3	1,114,027	D
Common Stock	12/06/2006	S	202 (1) D	\$ 67	1,113,825	D
Common Stock	12/06/2006	S	151 <u>(1)</u> D	\$ 66.91	1,113,674	D
Common Stock	12/06/2006	S	504 (1) D	\$ 66.9	1,113,170	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.

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	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exercisable and	7. Title and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	orNumber	Expiration Date	Amount of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/Year)	Underlying	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivativo	e	Securities	(Instr. 5)	Bene

#### Edgar Filing: WELLCARE HEALTH PLANS, INC. - Form 4

Own

Follo

Repo

Trans

(Insti

Shares

Derivative Securities (Instr. 3 and 4) Security Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) Code V (A) (D) Date Expiration Title Amount Exercisable Date Number of

# **Reporting Owners**

Reporting Owner Name / Address

Director 10% Owner Officer Other

Farha Todd S

C/O WELLCARE HEALTH PLANS, INC.

8725 HENDERSON ROAD
TAMPA, FL 33634

Chairman & CEO

## **Signatures**

/s/ Michael Haber,

attorney-in-fact 12/08/2006

\*\*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) Planned sale pursuant to the Reporting Person's 10b5-1 trading plan.

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.

Reporting Owners 3