Michalik Christian P Form 4 May 25, 2007

## FORM 4

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

OMB 3235-0287

Check this box if no longer subject to

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES** 

Number: January 31, Expires: 2005

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**OMB APPROVAL** 

Section 16. Form 4 or Form 5 obligations may continue.

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

30(h) of the Investment Company Act of 1940

burden hours per response...

Estimated average

See Instruction

1(b).

(Print or Type Responses)

05/23/2007

(Print or Type R	(esponses)										
1. Name and Address of Reporting Person * Michalik Christian P			2. Issuer Name and Ticker or Trading Symbol WELLCARE HEALTH PLANS, INC. [WCG]					5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)			
	(First) (1 CARE HEALTH C., 8725 HENDE		3. Date of (Month/D 05/23/20	-	ransaction			X Director Officer (give below)		Owner er (specify	
TAMPA, FL	4. If Amendment, Date Original Filed(Month/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 Person					
(City)	(State)	(Zip)	Table	e I - Non-D	) Perivative	Secur	ities Acq	uired, Disposed of	f, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	ecurity (Month/Day/Year) Execution Da		med on Date, if	Date, if Transaction(A) or Disposed of (Code (Instr. 3, 4 and 5)			cquired d of (D)	5. Amount of Securities Form: Direct Indirect Beneficially (D) or Beneficially Owned Indirect (I) Owner Following (Instr. 4) (Instr. 4) Reported Transaction(s)			
Common Stock	05/23/2007			Code V	Amount 800 (1)	(D)	Price \$ 90.17	(Instr. 3 and 4) 40,250	D		
Common Stock	05/23/2007			S	100 (1)	D	\$ 90.14	40,150	D		
Common Stock	05/23/2007			S	200 (1)	D	\$ 90.13	39,950	D		
Common Stock	05/23/2007			S	300 (1)	D	\$ 90.12	39,650	D		

S

D

\$ 90.2 39,550

100 (1) D

Common Stock						
Common Stock	05/23/2007	S	200 (1) D	\$ 90.19	39,350	D
Common Stock	05/23/2007	S	100 (1) D	\$ 90.12	39,250	D
Common Stock	05/23/2007	S	100 (1) D	\$ 90.13	39,150	D
Common Stock	05/23/2007	S	100 <u>(1)</u> D	\$ 90.12	39,050	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 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. Transacti Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Securi (Instr.	nt of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

# **Reporting Owners**

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		

X

Michalik Christian P C/O WELLCARE HEALTH PLANS, INC. 8725 HENDERSON ROAD TAMPA, FL 33634

AMPA, FL 33034

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# **Signatures**

/s/ Michael Haber, attorney-in-fact

05/25/2007

\*\*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) Planned sale pursuant to the Reporting Person?s Rule 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.

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