WELLCARE HEALTH PLANS, INC.

06/28/2007

Form 4 June 29, 2007

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

OMB Number:

3235-0287

Expires:

January 31, 2005

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**OMB APPROVAL** 

response...

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

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if no longer

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

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 Michalik Christian P Issuer Symbol WELLCARE HEALTH PLANS, (Check all applicable) INC. [WCG] (Last) (First) (Middle) 3. Date of Earliest Transaction X\_ Director 10% Owner Officer (give title Other (specify (Month/Day/Year) C/O WELLCARE HEALTH 06/28/2007 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 S 200 (1) 38,850 D 06/28/2007 91 73 Stock Common 06/28/2007 S 200 (1) D 38,650 D Stock Common 06/28/2007 S 100<sup>(1)</sup> D D 38,550 Stock Common S 200 (1) D 06/28/2007 \$ 91.7 38,350 D Stock

S

400 (1) D

37,950

D

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Common Stock				\$ 91.69		
Common Stock	06/28/2007	S	100 (1) D	\$ 91.68	37,850	D
Common Stock	06/28/2007	S	200 (1) D	\$ 91.72	37,650	D
Common Stock	06/28/2007	S	400 (1) D	\$ 91.73	37,250	D
Common Stock	06/28/2007	S	100 <u>(1)</u> D	\$ 91.73	37,150	D
Common Stock	06/28/2007	S	100 <u>(1)</u> D	\$ 91.71	37,050	D

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

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SEC 1474 (9-02)

> 9. Nu Deriv Secur Bene Own Follo Repo Trans (Instr

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

Derivative Conversion (Month/Day/Year) Execution Date, if TransactionNumber Expiration Date Amount of Derivative Code of (Month/Day/Year) Underlying Security  (Instr. 3) Price of (Month/Day/Year) (Instr. 8) Derivative Securities (Instr. 3 and 4)  Derivative Security  Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	] S ] (
(Instr. 3) Price of (Month/Day/Year) (Instr. 8) Derivative Securities (Instr. 5) Derivative Security Acquired (A) or Disposed of (D) (Instr. 3,	) ( I
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Disposed of (D) (Instr. 3,	
of (D) (Instr. 3,	]
(Instr. 3,	-
	(
4 and 5)	
1, and 3)	
Amount	
OF	
Date Expiration Title Number	
Exercisable Date of	
Code V (A) (D) Shares	

# **Reporting Owners**

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

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

X

Reporting Owners 2

## **Signatures**

/s/ Michael Haber, attorney-in-fact

06/29/2007

\*\*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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