Edgar Filing: MOSZKOWSKI NEAL - Form 4

MOSZKOWS Form 4	SKI NEAL											
July 31, 2009												
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION										OMB APPROVAL		
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549									OMB Number:	3235-0287		
Check this box if no longer subject to Section 16. Form 4 or										Expires: January 31, 2005 Estimated average burden hours per response 0.5		
Form 5 obligation: may contin <i>See</i> Instruct 1(b).	s Section 1'	7(a) of the		lity Hold	ing Com	pany	Act o	ge Act of 1934, f 1935 or Sectic 40	on			
(Print or Type Ro	esponses)											
1. Name and Address of Reporting Person <u>*</u> MOSZKOWSKI NEAL			2. Issuer Name and Ticker or Trading Symbol				-	5. Relationship of Reporting Person(s) to Issuer				
	WELLCARE HEALTH PLANS, INC. [WCG]					(Check all applicable)						
	(First) CARE HEALT C., 8725 HEND		3. Date of (Month/Da 07/30/20	-	ansaction			X Director Officer (give below)		6 Owner er (specify		
				ndment, Date Original th/Day/Year)				 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person 				
TAMPA, FL	33634							Form filed by I Person	More than One Ro	eporting		
(City)	(State)	(Zip)	Table	I - Non-Do	erivative S	Securi	ties Ac	quired, Disposed o	of, or Beneficial	lly Owned		
1.Title of Security (Instr. 3)	2. Transaction D (Month/Day/Yea	ar) Executio any		Code (Instr. 8)	4. Securi onAcquired Disposed (Instr. 3, Amount	l (A) o l 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)	07/30/2009			А	4,478 (1)	A	\$0	15,300	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.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

Reporting Owners

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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. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Secur (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Other

Reporting Owners

Reporting Owner Name / Address		Relationships					
Reporting Owner Manie / Address	Director	10% Owner	Officer				
MOSZKOWSKI NEAL C/O WELLCARE HEALTH PLANS, INC. 8725 HENDERSON ROAD TAMPA, FL 33634	х						
Signatures							
/s/ Michael Haber, Attorney-in-fact 07/3	1/2009						
**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) The restricted stock vest in full on the earlier of 7/30/10 and the date of the Registrants next annual meeting of shareholders.

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.