WELLCARE HEALTH PLANS, INC. Form 3 February 16, 2010 UNITED STATES SECURITIES AND EXCHANGE COMMISSION FORM 3 Washington, D.C. 20549 OMB

### **INITIAL STATEMENT OF 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 30(h) of the Investment Company Act of 1940

#### **OMB APPROVAL**

3235-0104 Number: January 31, Expires: 2005 Estimated average burden hours per response... 0.5

(Print or Type Responses)

1. Name and Address of Reporting Person <u>*</u> TRUBECK WILLIAM L	<ol> <li>Date of Event Requiring Statement (Month/Day/Year)</li> </ol>	3. Issuer Name and Ticker or Trading Symbol WELLCARE HEALTH PLANS, INC. [WCG]				
(Last) (First) (Middle)	02/12/2010	4. Relationship of Person(s) to Issu		5. If Amendment, Date Original Filed(Month/Day/Year)		
C/O WELLCARE HEALTH PLANS, INC., 8725 HENDERSON ROAD, REN. 1 (Street) TAMPA, FL 33634	725 DAD, REN. 1 <sup>2t)</sup>		l applicable) 10% O Other (specify below	6. Individual or Joint/Group		
(City) (State) (Zip)	Table I - I	Non-Derivativ	e Securitie	s Beneficially Owned		
1.Title of Security (Instr. 4)	2. Amount o Beneficially (Instr. 4)	Owned C F C o o	Ownership	4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Common Stock	0 (1)		D	Â		
Reminder: Report on a separate line for owned directly or indirectly. Persons who re information con required to resp currently valid	i t	C 1473 (7-02)				

#### Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security	2. Date Exercisable and	3. Title and Amount of	4.	5.	6. Nature of Indirect
(Instr. 4)	Expiration Date	Securities Underlying	Conversion	Ownership	Beneficial Ownership
	(Month/Day/Year)	Derivative Security	or Exercise	Form of	(Instr. 5)
		(Instr. 4)	Price of	Derivative	
			Derivative	Security:	

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Date	Expiration	Title	Amount or	Security	Direct (D)
Exercisable	Date		Number of		or Indirect
			Shares		(I)
					(Instr. 5)

# **Reporting Owners**

Reporting Owner Name / Address		Relationships				
		Director	10% Owner	Officer	Other	
TRUBECK WILLIAM L C/O WELLCARE HEALTH PLANS, 1 8725 HENDERSON ROAD, REN. 1 TAMPA, FL 33634	INC.	ÂX	Â	Â	Â	
Signatures						
/s/ Michael Haber, Attorney-in-fact	02/16/	2010				
<u>**</u> Signature of Reporting Person	Dat	te				

## **Explanation of Responses:**

\* If the form is filed by more than one reporting person, see Instruction 5(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) No securities are beneficially owned.

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.