#### **BERG CHARLES**

Form 4 May 16, 2013

## FORM 4

### 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...

if no longer subject to Section 16. Form 4 or Form 5 obligations

Check this box

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

may continue. 30(h) of the Investment Company Act of 1940 See Instruction

1(b).

(Print or Type Responses)

05/14/2013

1. Name and Address of Reporting Person * BERG CHARLES			2. Issuer Name <b>and</b> Ticker or Trading Symbol					5. Relationship of Reporting Person(s) to Issuer				
	WELLCARE HEALTH PLANS, INC. [WCG]				NS,	(Check all applicable)						
(Last)	(First) (	Middle)	3. Date of Earliest Transaction (Month/Day/Year)					_X_ Director Officer (give	e title Oth	Owner er (specify		
C/O WELLCARE HEALTH 05/14/2013  PLANS, INC., 8725 HENDERSON  ROAD												
				f Amendment, Date Original				6. Individual or Joint/Group Filing(Check				
	Filed(Month/Day/Year)					Applicable Line) _X_ Form filed by One Reporting Person						
TAMPA, F						Form filed by More than One Reporting Person						
(City)	(State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned								ly Owned			
1.Title of Security (Instr. 3)	2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date, if any (Month/Day/Year)			3. 4. Securities Acquired Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8)				5. Amount of Securities Form: Direct Beneficially (D) or Owned Indirect (I) Following (Instr. 4) Reported				
				Code V	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)				
Common Stock	05/14/2013			M	5,000	A	\$ 23.88	5,000	D			
Common Stock	05/14/2013			S	1,100	D	\$ 57	3,900	D			
Common Stock	05/14/2013			S	100	D	\$ 57.01	3,800	D			
Common Stock	05/14/2013			S	400	D	\$ 57.02	3,400	D			
	05/14/12012				200	_		2 100	<b>D</b>			

S

300

D

3,100

D

#### Edgar Filing: BERG CHARLES - Form 4

Common Stock					\$ 57.03		
Common Stock	05/14/2013	S	500	D	\$ 57.04	2,600	D
Common Stock	05/14/2013	S	600	D	\$ 57.05	2,000	D
Common Stock	05/14/2013	S	500	D	\$ 57.06	1,500	D
Common Stock	05/14/2013	S	400	D	\$ 57.07	1,100	D
Common Stock	05/14/2013	S	200	D	\$ 57.09	900	D
Common Stock	05/14/2013	S	400	D	\$ 57.1	500	D
Common Stock	05/14/2013	S	500	D	\$ 57.11	0	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)

 $\label{thm:convertible} \textbf{Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned} \\ \textit{(e.g., puts, calls, warrants, options, convertible securities)}$ 

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. Transactic Code (Instr. 8)	5. Number coof Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Employee Stock Option (right to buy)	\$ 23.88	05/14/2013		M	5,000	<u>(1)</u>	12/31/2015	Common Stock	5,000

## **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

BERG CHARLES C/O WELLCARE HEALTH PLANS, INC. 8725 HENDERSON ROAD TAMPA, FL 33634



# **Signatures**

/s/ Michael Haber, Attorney-in-fact

05/16/2013

\*\*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) This option vested in two equal installments on April 1, 2010 and December 31, 2010.

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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