## Edgar Filing: BERG CHARLES - Form 4

DEDC CUADLES

Form 4											
May 23, 2013											
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								-	2235-0287		
Check this if no longe	box								Expires:	January 31,	
subject to Section 16 Form 4 or	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES							Estimated a burden hou response	rs per		
Form 5 obligations may continue. See Instruction 1(b). Filed pursuant to Section 16(a) of the Securities Exchange Act of 1 Section 17(a) of the Public Utility Holding Company Act of 1935 or 3 30(h) of the Investment Company Act of 1940							f 1935 or Sectio	n			
(Print or Type Re	esponses)										
1. Name and Address of Reporting Person <u>*</u> BERG CHARLES			2. Issuer Name <b>and</b> Ticker or Trading Symbol WELLCARE HEALTH PLANS,				-	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
		INC. [WCG]									
C/O WELLCARE HEALTH PLANS, INC., 8725 HENDERSON			3. Date of Earliest Transaction (Month/Day/Year) 05/22/2013					Director 10% Owner Officer (give titleX Other (specify below) Former Director			
ROAD	(Street)	4	If Amon	dmant Dat	o Original			6 Individual or L	aint/Group Filir	og(Chaolr	
Filed(Mont				ldment, Date Original h/Day/Year)				<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>			
TAMPA, FL	33634							Person		F8	
(City)	(State) (Z	Zip)	Table	I - Non-De	erivative S	ecurit	ties Aco	quired, Disposed of	f, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Date, if	3. Transactic Code (Instr. 8)	4. Securi onAcquired Disposed (Instr. 3,	l (A) o l of (D	)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Comment				Code V	Amount	(D)	Price	(Instr. 3 and 4)			
Common Stock	05/22/2013			M <u>(1)</u>	2,247	А	\$0	2,247	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)

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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. Transacti Code (Instr. 8)	5. Number on f Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		Underlying Securities (Instr. 3 and 4)		8. Pr Deriv Secu (Inst
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Restricted Stock Units	<u>(2)</u>	05/22/2013		М	2,247	(3)	(3)	Common Stock	2,247	\$

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships						
	Director	10% Owner	Officer	Other			
BERG CHARLES C/O WELLCARE HEALTH PLANS, I 8725 HENDERSON ROAD TAMPA, FL 33634	NC.			Former Directo			
Signatures							
/s/ Michael Haber, Attorney-in-fact	05/23/2013						
<u>**</u> 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) Vesting of restricted stock units granted to the Reporting Person on May 23, 2012.
- (2) Each restricted stock unit represents a contingent right to receive one share of WCG common stock.

(3) The restricted stock units vested in full on May 22, 2013. Vested shares will be delivered to the Reporting Person upon vesting.

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.