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WELLPOIN Form 4	NT INC										
April 13, 20											
FORM	1 4 UNITED	STATES	SECU	RITIES A	AND EX	СНА	NGE C	OMMISSION	OMB AF	PROVAL	
				shington					Number:	3235-0287 January 31,	
Check ti if no lor subject Section Form 4	nger STATEN 16.	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES									
Form 5 obligation may con <i>See</i> Inst 1(b).	ons Section 17((a) of the H	Public U		ding Cor	npan	y Act of	e Act of 1934, 1935 or Section 0	response	0.5	
(Print or Type	Responses)										
	Address of Reporting OCK LARRY C	Person <u>*</u>	Symbol	er Name an POINT II			ng	5. Relationship of F Issuer			
				ate of Earliest Transaction				(Check all applicable)			
				nth/Day/Year) 1/2006				X Director 10% Owner X Officer (give title Other (specify below) below) President, CEO & Chairman			
INDIANA	(Street) POLIS, IN 46204			endment, D onth/Day/Yea	-	1		6. Individual or Join Applicable Line) _X_Form filed by Or Form filed by Mo	ne Reporting Per	rson	
(City)	(State)	(Zip)	Tab	da I Non l	Dorivotivo	Soour	itios Aca	Person	or Ropoficial	v Ownod	
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date any (Month/Day/Year)			Date, if Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5)					5. Amount of Securities Beneficially Owned Following	7. Nature of Indirect Beneficial Ownership		
				Code V	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)	or Indirect (I) (Instr. 4)	(Instr. 4)	
Common Stock	04/11/2006			S <u>(1)</u>	700	D	\$ 73.88	450,527.5091	D		
Common Stock	04/11/2006			S	200	D	\$ 73.78	450,327.5091	D		
Common Stock	04/11/2006			S	1,500	D	\$ 73.79	448,827.5091	D		
Common Stock	04/11/2006			S	15,800	D	\$ 73.7	433,027.5091	D		
Common Stock	04/11/2006			S	5,000	D	\$ 73.8	428,027.5091	D		
	04/11/2006			S	1,500	D	\$ 73.9	426,527.5091	D		

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Common Stock					
Common Stock	04/11/2006	S	800	D	\$ 425,727.5091 D
Common Stock	04/11/2006	S	9,000	D	\$ 416,727.5091 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)

	2.	3. Transaction Date		4.	5.	6. Date Exerc		7. Tit	le and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	Number	Expiration Da	ate	Amou	int of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	rlying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	•		Secur	ities	(Instr. 5)	Bene
	Derivative		• •		Securities			(Instr	. 3 and 4)		Owne
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						(mou
					(insu: 5, 4, and 5)						
					4, and 5)						
									Amount		
						D.	.		or		
						Date	Expiration	Title	Number		
						Exercisable	Date		of		
				Code V	(A) (D)				Shares		
					() (2)						

Reporting Owners

Reporting Owner Name / Address	Relationships							
I. O. M.	Director	10% Owner	Officer	Other				
GLASSCOCK LARRY C 120 MONUMENT CIRCLE INDIANAPOLIS, IN 46204	Х		President, CEO & Chairman					
Signatures								
Nancy Purcell, Attorney-in-fact	04/1	3/2006						

<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) The sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on March 1, 2006.

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.