## Edgar Filing: BURKE SHEILA P - Form 4

Form 4											
November 02	S SECUR Was	ITIES A shington,		OMB AF OMB Number:	PROVAL 3235-0287						
Check this if no long subject to Section 16 Form 4 or Form 5 obligation may conti <i>See</i> Instru 1(b).	er <b>STATE</b> 5. Filed pu <sup>15</sup> Section 17	STATEMENT OF CHANGES IN 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								Expires:       January 31         Expires:       2005         Estimated average       burden hours per         response       0.5	
(Print or Type R	esponses)										
BURKE SHEILA P Symbol			Name and	l Ticker or	Tradiı	ng	5. Relationship of Reporting Person(s) to Issuer				
			WELLP	OINT IN	IC [WLF	]		(Check all applicable)			
(Last)(First)(Middle)3. Date of (Month/D)120 MONUMENT CIRCLE10/31/20			-	ransaction			X_ Director 10% Owner Officer (give title Other (specify below) below)				
			endment, Date Original nth/Day/Year)				<ul> <li>6. Individual or Joint/Group Filing(Check Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>				
INDIANAPO	OLIS, IN 46204	4						Person	lore than One Re	porting	
(City)	(State)	(Zip)	Table	e I - Non-E	Derivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Da (Month/Day/Year	r) Execution any		Code (Instr. 8)	4. Securi on(A) or D (Instr. 3,	(A) or	d 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	10/31/2006			S	3,230	D	\$ 76.33	22,600	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)	4. Transactic Code (Instr. 8)	5. 6. Date Exercisable iorNumber Expiration Date of (Month/Day/Year) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Secur (Instr.	ınt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr	
			Code V	<i>,</i>	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Address	Relationships								
	Director	10% Owner	Officer	Other					
BURKE SHEILA P 120 MONUMENT CIRCLE INDIANAPOLIS, IN 46204	Х								
Signatures									
Nancy Purcell, Attorney-in-fact	11/0	2/2006							
<b><u>**</u>Signature of Reporting Person</b>		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).

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.