#### Edgar Filing: WELLPOINT INC - Form 4

WELLPOIN Form 4										
May 18, 200									PPROVAL	
	UNITED	STATES		RITIES A Ashington			E COMMISSIO	N OMB Number:	3235-0287	
Check th if no long subject to Section 1 Form 4 of Form 5 obligatio may com <i>See</i> Instr 1(b).	ger 5 16. 5 5 5 5 5 5 5 5 5 5 5 5 5	<b>CHANGES IN BENEFICIAL OWNERSHIP OF</b> <b>SECURITIES</b> ection 16(a) of the Securities Exchange Act of 1934, Public Utility Holding Company Act of 1935 or Section of the Investment Company Act of 1940					Estimated burden hou response	irs per		
(Print or Type ]	Responses)									
1. Name and Address of Reporting Person <u>*</u> ZUCCOTTI JOHN			2. Issuer Name <b>and</b> Ticker or Trading Symbol WELLPOINT INC [WLP]			5. Relationship of Reporting Person(s) to Issuer				
(Last)	(First)	(Middle)		of Earliest T	-	-	(Check all applicable)			
120 MONUMENT CIRCLE			(Month/Day/Year) 05/16/2007			X_ Director10% Owner Officer (give titleOther (specify below) below)				
INDIANAF	4. If Amendment, Date Original Filed(Month/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 Person</li> </ul>						
(City)	(State)	(Zip)	Tab	ole I - Non-l	Derivativ	ve Securities	Acquired, Disposed	of, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemo Execution any (Month/Da	Date, if	3. Transactio Code (Instr. 8) Code V	Dispose (Instr. 3	ed (A) or ed of (D) , 4 and 5) (A) or	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Reminder: Rep	port on a separate lin	e for each cl	ass of sec	urities bene	Pers info requ disp	sons who re rmation con lired to resp	or indirectly. espond to the collect ntained in this form bond unless the fo ently valid OMB co	n are not rm	SEC 1474 (9-02)	

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

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number	6. Date Exercisable and	7. Title and Amount of	8. Pric
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onof Derivative	Expiration Date	Underlying Securities	Deriva
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)	Securi
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Acquired			(Instr.

	Derivative Security			(D)	visposed of D) instr. 3, 4,						
			Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Phantom Stock Units <u>(1)</u>	\$ 0 <u>(2)</u>	05/16/2007	А		2,946		(3)	(3)	Common Stock	2,946	\$ 84

## **Reporting Owners**

Reporting Owner Name / Address					
	Director	10% Owner	Officer	Other	
ZUCCOTTI JOHN					
120 MONUMENT CIRCLE	Х				
INDIANAPOLIS, IN 46204					
Signatures					

Nancy Purcell,	
Attorney-in-fact	05/18/2007
**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).
- The phantom stock units were accrued under the WellPoint, Inc. ("Company") Board of Directors Deferred Compensation Plan (the (1) "Plan").
- (2) The Conversion or Exercise Price of the Derivative Security is 1-for-1.
- The phantom stock units shall be payable in Company common stock upon the first to occur of (a) five years from the date of grant or (b) (3) the date the Reporting Person ceases to be a member of the Company's board of directors, unless a later date is designated in the Reporting Person's election made under the Plan in accordance with the terms of the Plan.

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.