Edgar Filing: WELLCARE HEALTH PLANS, INC. - Form 4

WELLCARE HEALTH PLANS, INC. Form 4 August 16, 2007 OMB APPROVAL FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION OMB 3235-0287 Washington, D.C. 20549 Number: Check this box January 31, Expires: if no longer 2005 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF subject to Estimated average **SECURITIES** Section 16. burden hours per Form 4 or response... 0.5 Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations 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) 1. Name and Address of Reporting Person * 5. Relationship of Reporting Person(s) to 2. Issuer Name and Ticker or Trading HICKEY KEVIN F Issuer Symbol WELLCARE HEALTH PLANS, (Check all applicable) INC. [WCG] (Last) (First) (Middle) 3. Date of Earliest Transaction X_ Director 10% Owner Officer (give title Other (specify (Month/Day/Year) below) below) C/O WELLCARE HEALTH 08/14/2007 PLANS, INC., 8725 HENDERSON ROAD (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Filing(Check Filed(Month/Day/Year) Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting TAMPA, FL 33634 Person (City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 1.Title of 2. Transaction Date 2A. Deemed 3. 4. Securities Acquired 5. Amount of 6. Ownership 7. Nature of Transaction(A) or Disposed of (D) Form: Direct Indirect Security (Month/Day/Year) Execution Date, if Securities (Instr. 3) Code (Instr. 3, 4 and 5) Beneficially (D) or Beneficial any (Month/Day/Year) (Instr. 8) Owned Indirect (I) Ownership Following (Instr. 4) (Instr. 4) Reported (A) Transaction(s) or (Instr. 3 and 4) Code V (D) Price Amount Common \$ S D 29,763 D 08/14/2007 300 98 17 Stock Common 08/14/2007 S 1.500 D 28,263 D 98.18 Stock Common S 400 \$98.2 27,863 D 08/14/2007 D Stock Common S D 08/14/2007 100 27,763 D 98.23 Stock 08/14/2007 S 100 D 27,663 D

Common Stock					\$ 98.24	
Common Stock	08/14/2007	S	100	D	\$ 98.3 27,563	D
Common Stock	08/14/2007	S	100	D	\$ 98.31 27,463	D
Common Stock	08/14/2007	S	100	D	\$ 98.32 27,363	D
Common Stock	08/14/2007	S	100	D	\$ 98.34 27,263	D
Common Stock	08/14/2007	S	200	D	\$ 98.35 27,063	D
Common Stock	08/14/2007	S	100	D	\$ 98.36 26,963	D
Common Stock	08/14/2007	S	300	D	\$ 98.44 26,663	D
Common Stock	08/14/2007	S	100	D	\$ 98.46 26,563	D
Common Stock	08/14/2007	S	100	D	\$ 98.47 26,463	D
Common Stock	08/14/2007	S	100	D	\$ 98.48 26,363	D
Common Stock	08/14/2007	S	300	D	\$ 98.53 26,063	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)

1. Title of Derivative	2. Conversion	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if		5. onNumber	6. Date Exercisable and Expiration Date	7. Title and Amount of	8. Price of Derivative	9. Nu Deriv
Security	or Exercise		any	Code	of	(Month/Day/Year)	Underlying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e	Securities	(Instr. 5)	Bene
	Derivative				Securities	ŝ	(Instr. 3 and 4)		Owne
	Security				Acquired				Follo
					(A) or				Repo
					Disposed				Trans
					of (D)				(Instr
					(Instr. 3,				
					4, and 5)				
				Code V	(A) (D)		Title		

DateExpirationExercisableDate

Amount or Number of Shares

Reporting Owners

Relationships **Reporting Owner Name / Address** Director 10% Owner Officer Other HICKEY KEVIN F C/O WELLCARE HEALTH PLANS, INC. Х 8725 HENDERSON ROAD TAMPA, FL 33634 Signatures /s/ Karen Mulroe, 08/16/2007 attorney-in-fact **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).

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.