

WELLCARE HEALTH PLANS, INC.

Form 4

December 08, 2006

FORM 4**UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549**

Check this box
if no longer
subject to
Section 16.
Form 4 or
Form 5
obligations
may continue.
See Instruction
1(b).

**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

OMB APPROVAL

OMB
Number: 3235-0287
Expires: January 31,
2005
Estimated average
burden hours per
response... 0.5

(Print or Type Responses)

1. Name and Address of Reporting Person *
Farha Todd S

(Last) (First) (Middle)

C/O WELLCARE HEALTH
PLANS, INC., 8725 HENDERSON
ROAD

(Street)

TAMPA, FL 33634

(City) (State) (Zip)

2. Issuer Name **and** Ticker or Trading
Symbol
WELLCARE HEALTH PLANS,
INC. [WCG]

3. Date of Earliest Transaction
(Month/Day/Year)
12/06/2006

4. If Amendment, Date Original
Filed(Month/Day/Year)

5. Relationship of Reporting Person(s) to
Issuer

(Check all applicable)

☒ Director ☐ 10% Owner
☒ Officer (give title below) ☐ Other (specify
below) Chairman & CEO

6. Individual or Joint/Group Filing(Check
Applicable Line)
☒ Form filed by One Reporting Person
☐ Form filed by More than One Reporting
Person

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	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 Ownership (Instr. 4)
			Code	V	Amount (A) or (D)	Price	
Common Stock	12/06/2006		S		504 ⁽¹⁾ D	\$ 67.85	1,129,464 D
Common Stock	12/06/2006		S		51 ⁽¹⁾ D	\$ 67.76	1,129,413 D
Common Stock	12/06/2006		S		504 ⁽¹⁾ D	\$ 67.75	1,128,909 D
Common Stock	12/06/2006		S		151 ⁽¹⁾ D	\$ 67.73	1,128,758 D
	12/06/2006		S		152 ⁽¹⁾ D		1,128,606 D

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

Common Stock						\$ 67.72		
Common Stock	12/06/2006	S	151 ⁽¹⁾	D		\$ 67.71	1,128,455	D
Common Stock	12/06/2006	S	3,682 ⁽¹⁾	D		\$ 67.7	1,124,773	D
Common Stock	12/06/2006	S	202 ⁽¹⁾	D		\$ 67.67	1,124,571	D
Common Stock	12/06/2006	S	50 ⁽¹⁾	D		\$ 67.65	1,124,521	D
Common Stock	12/06/2006	S	183 ⁽¹⁾	D		\$ 67.63	1,124,338	D
Common Stock	12/06/2006	S	624 ⁽¹⁾	D		\$ 67.62	1,123,714	D
Common Stock	12/06/2006	S	572 ⁽¹⁾	D		\$ 67.61	1,123,142	D
Common Stock	12/06/2006	S	5,887 ⁽¹⁾	D		\$ 67.6	1,117,255	D
Common Stock	12/06/2006	S	504 ⁽¹⁾	D		\$ 67.51	1,116,751	D
Common Stock	12/06/2006	S	656 ⁽¹⁾	D		\$ 67.5	1,116,095	D
Common Stock	12/06/2006	S	2,068 ⁽¹⁾	D		\$ 67.3	1,114,027	D
Common Stock	12/06/2006	S	202 ⁽¹⁾	D		\$ 67	1,113,825	D
Common Stock	12/06/2006	S	151 ⁽¹⁾	D		\$ 66.91	1,113,674	D
Common Stock	12/06/2006	S	504 ⁽¹⁾	D		\$ 66.9	1,113,170	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.

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 Derivative Security (Instr. 3)	2. Conversion or Exercise Price of	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	5. Number of Derivative	6. Date Exercisable and Expiration Date (Month/Day/Year)	7. Title and Amount of Underlying Securities	8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned
--	------------------------------------	--------------------------------------	--	--------------------------------	-------------------------	--	--	--	---

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

Derivative
Security

Securities
Acquired
(A) or
Disposed
of (D)
(Instr. 3,
4, and 5)

(Instr. 3 and 4)

Own
Follo
Repo
Trans
(Instr

Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
------	---	-----	-----	---------------------	--------------------	-------	--

Reporting Owners

Reporting Owner Name / Address

Relationships

Director	10% Owner	Officer	Other
----------	-----------	---------	-------

Farha Todd S
C/O WELLCARE HEALTH PLANS, INC.
8725 HENDERSON ROAD
TAMPA, FL 33634

X

Chairman & CEO

Signatures

/s/ Michael Haber,
attorney-in-fact

12/08/2006

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) Planned sale pursuant to the Reporting Person's 10b5-1 trading 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.