Michalik Christian P Form 4 March 01, 2007

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB

OMB APPROVAL

Number:

3235-0287

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subject to Section 16. Form 4 or Form 5 obligations may continue.

Check this box

if no longer

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

See Instruction 1(b).

(Print or Type Responses)

02/27/2007

(Print or Type I	Responses)										
1. Name and Address of Reporting Person * Michalik Christian P			2. Issuer Name and Ticker or Trading Symbol WELLCARE HEALTH PLANS, INC. [WCG]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last)	(First) (Middle)	3. Date of Earliest Transaction				_X Director 10% Owner Officer (give title Other (specify				
	CARE HEALTH C., 8725 HENDE		Month/Day/Year) 2/27/2007				below) below)				
	(Street)	4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
TAMPA, FI	L 33634							Form filed by I Person	More than One Re	porting	
(City)	(State)	(Zip)	Tabl	e I - Non-E	erivative	Secur	rities Acq	uired, Disposed o	f, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year) Execution Date any (Month/Day/		on Date, if	3. Transaction Code (Instr. 8)	4. Securities Acquired on(A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Common Stock	02/27/2007			S	100 (1)	D	\$ 81.32	48,950	D		
Common Stock	02/27/2007			S	400 (1)	D	\$ 81.32	48,550	D		
Common Stock	02/27/2007			S	200 (1)	D	\$ 81.3	48,350	D		
Common Stock	02/27/2007			S	300 (1)	D	\$ 81.29	48,050	D		

S

47,950

D

100 (1) D

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Common Stock				\$ 81.28		
Common Stock	02/27/2007	S	500 (1) D	\$ 81.27	47,450	D
Common Stock	02/27/2007	S	200 (1) D	\$ 81.26	47,250	D
Common Stock	02/27/2007	S	100 (1) D	\$ 81.25	47,150	D
Common Stock	02/27/2007	S	500 (1) D	\$ 81.24	46,650	D
Common Stock	02/27/2007	S	100 (1) D	\$ 81.23	46,550	D
Common Stock	02/27/2007	S	100 (1) D	\$ 81.2	46,450	D
Common Stock	02/27/2007	S	200 (1) D	\$ 81.19	46,250	D
Common Stock	02/27/2007	S	400 (1) D	\$ 81.18	45,850	D
Common Stock	02/27/2007	S	100 (1) D	\$ 81.15	45,750	D
Common Stock	02/27/2007	S	200 (1) D	\$ 81.14	45,550	D
Common Stock	02/27/2007	S	500 (1) D	\$ 81.13	45,050	D

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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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 Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	5. orNumber of Derivativ Securities Acquired (A) or	8	7. Title and Amount of Underlying Securities (Instr. 3 and 4)	9. Nu Deriv Secur Bene Owne Follo Repo
				C-1- V	Disposed of (D) (Instr. 3, 4, and 5)		Tial	Trans (Instr
				Code V	(A) (D)		Title	

Date Expiration Exercisable Date

Amount or Number of Shares

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Michalik Christian P C/O WELLCARE HEALTH PLANS, INC. 8725 HENDERSON ROAD TAMPA, FL 33634



Signatures

/s/ Michael Haber, attorney-in-fact

03/01/2007

**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).
- (1) Planned sale pursuant to the Reporting Person's Rule 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.

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