Edgar Filing: Cooper Christina - Form 4

Cooper Chris	stina										
Form 4 September 02	2, 2011										
FORM	ГЛ	D STATES	SECUR	ITIES A	ND EX(CHA	NGE C	OMMISSION	OMB AF	PROVAL	
Check thi				hington,					Number:	3235-0287	
if no long subject to Section 1 Form 4 or Form 5	6. Filed p	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,							Expires: January 31, 2005 Estimated average burden hours per response 0.5		
obligations may continue.Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940 1(b).1(b).											
(Print or Type F	Responses)										
Cooper Christina Symbol WELL			Symbol	er Name and Ticker or Trading CARE HEALTH PLANS, WCG]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
			f Earliest Transaction Day/Year) 1011				Director 10% Owner X Officer (give title Other (specify below) President, FL & HI Division				
				ndment, Date Original nth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person			
TAMPA, FL 33634				Form filed Person				•	by More than One Reporting		
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Securi	ties Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)		ransaction Date 2A. Deemed hth/Day/Year) Execution Date, if any (Month/Day/Year)		3. 4. Securities Acquired Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A) or			5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common Stock	09/01/2011			Code V M(1)	Amount 1,690	(D) A	Price \$ 0	(Instr. 3 and 4) 5,311	D		
Common Stock	09/01/2011			F	448 (2)	D	\$ 44.67	4,863	D		

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

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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. Transactic Code (Instr. 8)	5. Number onof Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exer Expiration E (Month/Day	Date	7. Title and A Underlying S (Instr. 3 and	Securities	8. Pr Deriv Secu (Inst
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Restricted Stock Units	(3)	09/01/2011		М	1,690	<u>(4)</u>	(4)	Common Stock	1,690	\$

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Cooper Christina C/O WELLCARE HEALTH PLANS, INC. 8725 HENDERSON ROAD, REN. 1 TAMPA, FL 33634			President, FL & HI Division				
Signatures							
/s/ Michael Haber.							

/s/ whenaci mader,	
Attorney-in-fact	09/02/2011
Attorney-in-fact	09/02/2011

**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) Vesting of restricted stock units granted to the Reporting Person on March 31, 2010.
- (2) Forfeiture of shares to satisfy tax obligations related to restricted stock units that were granted to the Reporting Person on March 31, 2010 and vested on September 1, 2011.
- (3) Each restricted stock unit represents a contingent right to receive one share of WCG common stock.
- (4) The restricted stock units vest as to approximately 50% on 9/1/2011 and approximately 50% on 9/1/2012. Vested shares will be delivered to the Reporting Person upon vest.

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.