WELLCARE HEALTH PLANS, INC.

Form 4 April 06, 2006

## FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

**OMB APPROVAL OMB** 

3235-0287 Number:

January 31, Expires: 2005

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obligations may continue. See Instruction

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

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 TOWERBROOK INVESTORS L.P. Issuer Symbol WELLCARE HEALTH PLANS, (Check all applicable) INC. [WCG] (Last) (First) (Middle) 3. Date of Earliest Transaction Director X 10% Owner \_\_Other (specify Officer (give title (Month/Day/Year) below) 430 PARK AVENUE, 6TH FLOOR 04/06/2006 (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Filing(Check Filed(Month/Day/Year) Applicable Line) Form filed by One Reporting Person

NEW YORK, NY 10022

(Ctata)

(7:m)

(C:+-)

(City)	(State)	(Zip) Tab	le I - Non-I	Derivative S	ecurit	ies Acqui	red, Disposed of,	or Beneficiall	y Owned
1.Title of	2. Transaction Date	2A. Deemed	3.	4. Securitie	es Acqu	uired (A)	5. Amount of	6.	7. Nature of
Security	(Month/Day/Year)	Execution Date, if	Transactio	omr Dispose	d of (D	))	Securities	Ownership	Indirect
(Instr. 3)		any	Code	(Instr. 3, 4	and 5)		Beneficially	Form:	Beneficial
		(Month/Day/Year)	(Instr. 8)				Owned	Direct (D)	Ownership
							Following	or Indirect	(Instr. 4)
					(4)		Reported	(I)	
					(A)		Transaction(s)	(Instr. 4)	
			Code V	Amount	or (D)	Price	(Instr. 3 and 4)		
Common Stock	04/06/2006		S	600,000	D	\$ 39.56	5,158,784	D (1)	

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

Person

\_X\_ Form filed by More than One Reporting

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

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

	2.	3. Transaction Date		4.	5.	6. Date Exerc		7. Titl		8. Price of	9. Nu
Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative Security	(Month/Day/Year)	Execution Date, if any (Month/Day/Year)	Transact Code (Instr. 8)	orNumber of Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	<b>:</b>		Amou Under Securi (Instr.	lying	Derivative Security (Instr. 5)	Deriv Secur Bene 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			
TOWERBROOK INVESTORS L.P. 430 PARK AVENUE 6TH FLOOR NEW YORK, NY 10022		X					
TCP GENERAL PARTNER L.P. 430 PARK AVENUE 6TH FLOOR NEW YORK, NY 10022		X					

## **Signatures**

/s/ Jennifer Glassman, Attorney-in-Fact 04/06/2006

\*\*Signature of Reporting Person Date

/s/ Jennifer Glassman, Attorney-in-Fact 04/06/2006

\*\*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).

TowerBrook Investors L.P. (f/k/a Soros Private Equity Investors LP) ("TBI") is the record and beneficial owner of the shares. TCP

General Partner L.P. (f/k/a SPEP General Partner LP) is the general partner of TBI and is an indirect beneficial owner of such shares.

Reference is hereby made to the Form 4 filed April 25, 2005 with respect to the shares of the issuer held for the account of TBI, filed by SPEP General Partner LLC and discussing the name change.

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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