#### WELLCARE HEALTH PLANS, INC.

Form 4

March 22, 2007

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**OMB** Number:

3235-0287

Expires:

January 31, 2005

0.5

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**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

may continue. See Instruction

Check this box

if no longer

subject to

Section 16.

Form 4 or

obligations

Form 5

30(h) of the Investment Company Act of 1940

1(b).

(Print or Type Responses)

03/20/2007

1. Name and Address of Reporting Person \* 5. Relationship of Reporting Person(s) to 2. Issuer Name and Ticker or Trading Bereday Thaddeus Issuer Symbol WELLCARE HEALTH PLANS, (Check all applicable) INC. [WCG] (Last) (First) (Middle) 3. Date of Earliest Transaction Director 10% Owner X\_ Officer (give title Other (specify (Month/Day/Year) below) C/O WELLCARE HEALTH 03/20/2007 Sr. VP & General Counsel 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 (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 (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 Amount (D) Price Common \$ S 38 (1) D 139,723 D 03/20/2007 89 78 Stock Common 139,685 03/20/2007 S 38 (1) D D 89.77 Stock Common S 38 (1) D 03/20/2007 D 139,647 Stock Common S 38 (1) D 03/20/2007 139,609 D Stock

S

19 (1)

D

139,590

D

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Common Stock				\$ 89.73		
Common Stock	03/20/2007	S	472 <u>(1)</u> D	\$ 89.71	139,118	D
Common Stock	03/20/2007	S	1,080 D	\$ 89.7	138,038	D
Common Stock	03/20/2007	S	209 (1) D	\$ 89.63	137,829	D
Common Stock	03/20/2007	S	19 <u>(1)</u> D	\$ 89.62	137,810	D
Common Stock	03/20/2007	S	731 <u>(1)</u> D	\$ 89.6	137,079	D
Common Stock	03/20/2007	S	38 <u>(1)</u> D	\$ 89.56	137,041	D
Common Stock	03/20/2007	S	96 <u>(1)</u> D	\$ 89.52	136,945	D
Common Stock	03/20/2007	S	681 <u>(1)</u> D	\$ 89.51	136,264	D
Common Stock	03/20/2007	S	891 <u>(1)</u> D	\$ 89.5	135,373	D
Common Stock	03/20/2007	S	741 <u>(1)</u> D	\$ 89.2	134,632	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. Transac Code (Instr. 8	5. tionNumber of ) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	ınt of rlying	8. Price of Derivative Security (Instr. 5)	
				Code '	V (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

9. Nu

Deriv

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## **Reporting Owners**

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
Bereday Thaddeus C/O WELLCARE HEALTH PLANS, INC. 8725 HENDERSON ROAD TAMPA FL 33634			Sr. VP & General Counsel			

## **Signatures**

/s/ Michael Haber, attorney-in-fact

03/22/2007

\*\*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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