

WELLCARE HEALTH PLANS, INC.

Form 3

October 17, 2016

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL

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INITIAL STATEMENT OF 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

(Print or Type Responses)

1. Name and Address of Reporting Person *

^ Munson Kelly A
 (Last) (First) (Middle)

2. Date of Event Requiring Statement

(Month/Day/Year)
 10/15/2016

3. Issuer Name and Ticker or Trading Symbol

WELLCARE HEALTH PLANS, INC. [WCG]

4. Relationship of Reporting Person(s) to Issuer

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

(Check all applicable)

Director 10% Owner
 Officer Other
 (give title below) (specify below)
 EVP, Medicaid

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

C/O WELLCARE HEALTH PLANS, INC., ^ 8735 HENDERSON ROAD

(Street)

TAMPA, ^ FL ^ 33634

(City) (State) (Zip)

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)

2. Amount of Securities Beneficially Owned (Instr. 4)

3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)

4. Nature of Indirect Beneficial Ownership (Instr. 5)

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

SEC 1473 (7-02)

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

1. Title of Derivative Security (Instr. 4)

2. Date Exercisable and Expiration Date (Month/Day/Year)

3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)

4. Conversion or Exercise Price of Derivative Security

5. Ownership Form of Derivative Security: Direct (D)

6. Nature of Indirect Beneficial Ownership (Instr. 5)

Date Exercisable Date Expiration Date Title Amount or Number of

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				Shares		or Indirect (1) (Instr. 5)	
Restricted Stock Units	Â (1)	Â (1)	Common Stock	367	\$ (5)	D	Â
Restricted Stock Units	Â (2)	Â (2)	Common Stock	865	\$ (5)	D	Â
Market Stock Units	Â (3)	Â (3)	Common Stock	959	\$ (6)	D	Â
Market Stock Units	Â (4)	Â (4)	Common Stock	920	\$ (7)	D	Â

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Munson Kelly A C/O WELLCARE HEALTH PLANS, INC. 8735 HENDERSON ROAD TAMPA, FL 33634	Â	Â	Â EVP, Medicaid	Â

Signatures

/s/ Michael Haber, 10/17/2016
Attorney-in-fact

**Signature of Reporting Person Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, *see* Instruction 5(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) The restricted stock units vest on March 1, 2017. Vested shares will be delivered to the reporting person upon vest.
- (2) The restricted stock units vest in approximately equal increments on March 1, 2017 and March 1, 2018. Vested shares will be delivered to the reporting person upon vest.
- (3) The market stock units vest March 1, 2017. Vested shares will be delivered to the Reporting Person upon vest.
- (4) The market stock units vest March 1, 2018. Vested shares will be delivered to the Reporting Person upon vest.
- (5) Each restricted stock unit represents a contingent right to receive one share of WCG common stock.
- (6) Each Market Stock Unit represents a contingent right to receive up to two shares of WCG common stock. Vesting will be determined based on the average closing price for the last thirty trading days in 2016.
- (7) Each Market Stock Unit represents a contingent right to receive up to two shares of WCG common stock. Vesting will be determined based on the average closing price for the last thirty trading days in 2017.

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.