WELLCARE HEALTH PLANS, INC.

Form 4

March 20, 2017

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB Number:

3235-0287

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subject to Section 16. Form 4 or Form 5 obligations

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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 may continue.

30(h) of the Investment Company Act of 1940

1(b).

(Print or Type Responses)

See Instruction

1. Name and Address of Reporting Person * Campos Roel C

2. Issuer Name and Ticker or Trading Symbol

5. Relationship of Reporting Person(s) to

Issuer

WELLCARE HEALTH PLANS,

(Check all applicable)

INC. [WCG]

03/16/2017

(Last) (First) (Middle) 3. Date of Earliest Transaction (Month/Day/Year)

_X__ Director Officer (give title

10% Owner Other (specify

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

(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 Form filed by More than One Reporting Person

TAMPA, FL 33634

(City)

(State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned
` ′	\ I/	Table 1 - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

						-	· •		7	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)				5. Amount of Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
			Code V	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)	(Instr. 4)		
Common Stock	03/16/2017		S	100	D	\$ 143.56	9,861	D		
Common Stock	03/16/2017		S	100	D	\$ 143.54	9,761	D		
Common Stock	03/16/2017		S	26	D	\$ 143.5	9,735	D		
Common Stock	03/16/2017		S	100	D	\$ 143.31	9,635	D		
	03/16/2017		S	6	D		9,629	D		

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Common Stock					\$ 143.41		
Common Stock	03/16/2017	S	400	D	\$ 143.44	9,229	D
Common Stock	03/16/2017	S	189	D	\$ 143.47	9,040	D
Common Stock	03/16/2017	S	99	D	\$ 143.53	8,941	D
Common Stock	03/16/2017	S	10	D	\$ 143.49	8,931	D
Common Stock	03/16/2017	S	300	D	\$ 143.46	8,631	D
Common Stock	03/16/2017	S	100	D	\$ 143.45	8,531	D
Common Stock	03/16/2017	S	110	D	\$ 143.52	8,421	D
Common Stock	03/16/2017	S	175	D	\$ 143.51	8,246	D
Common Stock	03/16/2017	S	590	D	\$ 143.48	7,656	D
Common Stock	03/16/2017	S	194	D	\$ 143.32	7,462	D
Common Stock	03/16/2017	S	100	D	\$ 143.28	7,362	D
Common Stock	03/16/2017	S	200	D	\$ 143.42	7,162	D
Common Stock	03/16/2017	S	290	D	\$ 143.43	6,872	D
Common Stock	03/16/2017	S	400	D	\$ 143.4	6,472	D
Common Stock	03/16/2017	S	411	D	\$ 143.36	6,061	D
Common Stock	03/16/2017	S	307	D	\$ 143.37	5,754	D
Common Stock	03/16/2017	S	73	D	\$ 143.38	5,681	D
Common Stock	03/16/2017	S	227	D	\$ 143.39	5,454	D
Common Stock	03/16/2017	S	993	D	\$ 143.35	4,461	D
	03/16/2017	S	500	D		3,961	D

Common \$ Stock 143.34

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

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(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. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	:	ate	Amou Under Securi	7. Title and Amount of Underlying Securities (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne 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

Campos Roel C C/O WELLCARE HEALTH PLANS, INC. 8735 HENDERSON ROAD TAMPA, FL 33634



Signatures

/s/ Michael Haber,

Attorney-in-fact 03/20/2017

**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).

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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