BERG CHARLES

Form 4

November 09, 2011

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB APPROVAL OMB

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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

may continue. See Instruction

1(b).

(Last)

(Print or Type Responses)

1. Name and Address of Reporting Person * **BERG CHARLES**

2. Issuer Name and Ticker or Trading

Symbol

WELLCARE HEALTH PLANS,

5. Relationship of Reporting Person(s) to

(Check all applicable)

Issuer

INC. [WCG]

3. Date of Earliest Transaction

_X__ Director Officer (give title

10% Owner _ Other (specify

(Month/Day/Year) 11/07/2011

C/O WELLCARE HEALTH PLANS, INC., 8725 HENDERSON ROAD

(First)

(Middle)

(Street)

11/07/2011

11/07/2011

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

D

D

36,731

36,531

TAMPA, FL 33634

Common

Stock

(City)	(State)	(Zip) Tabl	e I - Non-D	erivative S	Securi	ties Acqu	ired, Disposed of	, or Beneficiall	ly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transactio Code (Instr. 8)	4. Securitin(A) or Dis (Instr. 3, 4)	sposed	of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common Stock	11/07/2011		M	12,814	A	\$ 23.88	34,059	D	
Common Stock	11/08/2011		M	7,186	A	\$ 23.88	41,245	D	
Common Stock	11/07/2011		S	3,930	D	\$ 55.5	37,315	D	

584

200

D

S

S

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Common Stock					\$ 55.52		
Common Stock	11/07/2011	S	1,296	D	\$ 55.55	35,235	D
Common Stock	11/07/2011	S	404	D	\$ 55.56	34,831	D
Common Stock	11/07/2011	S	2,878	D	\$ 55.57	31,953	D
Common Stock	11/07/2011	S	1,622	D	\$ 55.58	30,331	D
Common Stock	11/07/2011	S	200	D	\$ 55.59	30,131	D
Common Stock	11/07/2011	S	1,400	D	\$ 55.6	28,731	D
Common Stock	11/07/2011	S	100	D	\$ 55.61	28,631	D
Common Stock	11/07/2011	S	200	D	\$ 55.64	28,431	D
Common Stock	11/08/2011	S	3,548	D	\$ 54.8	24,883	D
Common Stock	11/08/2011	S	3,638	D	\$ 55	21,245	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	2.	3. Transaction Date	3A. Deemed	4. 5. Number of		6. Date Exercisable and		7. Title and Amount of		
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	TransactionDerivative		Expiration Date		Underlying Securities		
Security	or Exercise		any	Code Securities		(Month/Day/Year)		(Instr. 3 and 4)		
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8) Acquired (A)						
	Derivative			or Disposed of						
	Security			(D)						
					(Instr. 3, 4,					
					and 5)					
										Amount
							Date Exercisable	Expiration	T:41-	or
								Date	Title	Number
				Code V	(A)	(D)				of Shares
Employee	\$ 23.88	11/07/2011		M		12,814	(1)	12/31/2015	Common	12,814
Stock						ĺ	_		Stock	,

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Option (right to buy)

Employee

Stock
Option \$ 23.88 11/08/2011 M 7,186 (1) 12/31/2015 Common Stock 7,186

(right to buy)

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

BERG CHARLES C/O WELLCARE HEALTH PLANS, INC. 8725 HENDERSON ROAD TAMPA, FL 33634

X

Signatures

/s/ Michael Haber,

Attorney-in-fact 11/09/2011

**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) The option vested in two equal installments on April 1, 2010 and December 31, 2010.

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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