

WELLCARE HEALTH PLANS, INC.  
 Form 3  
 April 18, 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 * Å Meyer Michael Troy (Last) (First) (Middle)  C/O WELLCARE HEALTH PLANS, INC., Å 8735 HENDERSON ROAD (Street)  TAMPA, Å FL Å 33634 (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 04/15/2016	3. Issuer Name and Ticker or Trading Symbol WELLCARE HEALTH PLANS, INC. [WCG]	4. Relationship of Reporting Person(s) to Issuer  (Check all applicable)  <input type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other (give title below) (specify below) VP and Corporate Controller	5. If Amendment, Date Original Filed(Month/Day/Year)	6. Individual or Joint/Group Filing(Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person
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**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)
Common Stock	49	D	Å

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	5. Ownership Form of Derivative Security:	6. Nature of Indirect Beneficial Ownership (Instr. 5)
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	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Security	Direct (D) or Indirect (I) (Instr. 5)	
Restricted Stock Units	Â (1)	Â (1)	Common Stock	148	\$ (4)	D	Â
Restricted Stock Units	Â (2)	Â (2)	Common Stock	1,323	\$ (4)	D	Â
Restricted Stock Units	Â (3)	Â (3)	Common Stock	272	\$ (4)	D	Â
Market Stock Units	Â (5)	Â (5)	Common Stock	157	\$ (6)	D	Â

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Meyer Michael Troy C/O WELLCARE HEALTH PLANS, INC. 8735 HENDERSON ROAD TAMPA, FL 33634	Â	Â	Â VP and Corporate Controller	Â

## Signatures

Michael Haber,  
Attorney-in-fact

04/18/2016

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 in approximately equal installments on March 1, 2017 and March 1, 2018. Vested shares will be delivered to the Reporting Person upon vest.
- (2) The restricted stock units vest in approximately equal installments on May 1, 2016, May 1, 2017, May 1, 2018 and May 1, 2019. Vested shares will be delivered to the Reporting Person upon vest.
- (3) The restricted stock units vest in approximately equal installments on March 1, 2017, March 1, 2018 and March 1, 2019. Vested shares will be delivered to the Reporting Person upon vest.
- (4) Each restricted stock unit represents a contingent right to receive one share of WCG common stock.
- (5) The market stock units vest on March 1, 2018. Vested shares will be delivered to the Reporting Person upon vest.
- (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 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.