Edgar Filing: Compton-Phillips Amy - Form 4

Compton-Ph Form 4											
May 24, 2018 FORM 4 Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). MUNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 STATEMENT OF CHANGES IN 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 1(b).							OMB APPROVAL OMB 3235-0287 Number: January 31, Expires: January 31, 2005 Estimated average burden hours per response 0.5				
(Print or Type I	Responses)										
1. Name and Address of Reporting Person <u>*</u> Compton-Phillips Amy			2. Issuer Name and Ticker or Trading Symbol WELLCARE HEALTH PLANS, INC. [WCG]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
	(First) CARE HEALTH C., 8735 HEND			of Earliest Tr Day/Year) 2018	ransaction		X Director Officer (give below)		% Owner her (specify		
(Street) TAMPA, FL 33634				endment, Da onth/Day/Yea	-	ıl	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(State)	(Zip)	Tab	ole I - Non-I	Derivative	Securities A	Acquired, Disposed o	of, or Beneficia	lly Owned		
	2. Transaction Date (Month/Day/Year)		ed Date, if	3.	4. Securit nAcquired Disposed (Instr. 3, -	ies (A) or of (D)	5. Amount of Securities 1 Beneficially (Owned (Following (Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect		
Reminder: Rep	ort on a separate lin	e for each cl	ass of sec	urities benef	ficially ow	ned directly	or indirectly.				

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

 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. 5. Number Transaction Code Derivative (Instr. 8) Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price Derivat Securit (Instr. 5		
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Restricted Stock Units	<u>(1)</u>	05/23/2018		А		847		(2)	(2)	Common Stock	847	\$ C

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Reporting Owners

Reporting Owner Name / Address		Relationships							
	Director	10% Owner	Officer	Other					
Compton-Phillips Amy C/O WELLCARE HEALTH PLANS, IN 8735 HENDERSON ROAD TAMPA, FL 33634	NC. X								
Signatures									
/s/ Michael Haber, Attorney-in-fact	05/24/2018								
**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) Each restricted stock unit represents a contingent right to receive one share of WCG common stock.
- (2) The restricted stock units vest in full on the earlier of May 23, 2019 and the date of the Registrant's next annual meeting of stockholders. Vested shares will be delivered to the Reporting Person upon vest.

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.