## Edgar Filing: WELLPOINT INC - Form 4

WELLPOI	NT INC										
Form 4											
January 30											
FOR	$\mathbf{M4}_{\text{UNITED}}$	STATES SE	CUDITIES	AND FY	СПЛ	NCEC	OMMISSION		PROVAL		
	UNITED	STATES SE	Washington			INGE C	OMMISSION	OMB Number:	3235-0287		
	this box		F CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES						January 31,		
if no lo subject Section Form 4	to SIAIEI 116. or								Expires: 2005 Estimated average burden hours per response 0.5		
Form 5 obligat may co <i>See</i> Ins 1(b).	ions Section 17	(a) of the Pub	o Section 16(a) of the Securities Exchange Act of 1934, e Public Utility Holding Company Act of 1935 or Section h) of the Investment Company Act of 1940								
(Print or Type	e Responses)										
1. Name and Address of Reporting Person <u>*</u> WATTS JOHN S JR			2. Issuer Name <b>and</b> Ticker or Trading Symbol WELLPOINT INC [WLP]				5. Relationship of Reporting Person(s) to Issuer				
(Last)	(First)	(Middle) 3. I	3. Date of Earliest Transaction					eck all applicable)			
120 MONUMENT CIRCLE (Street)			(Month/Day/Year) 01/26/2006				Director X Officer (give t below)	Officer (give title Other (specify			
			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				
INDIANA	POLIS, IN 46204						Form filed by Mc Person				
(City)	(State)	(Zip)	Table I - Non-	Derivative	Secur	rities Acq	uired, Disposed of,	or Beneficially	y Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution Date, any	3. 4. Securities Acquired te, if Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) Vear) (Instr. 8) (A)		of (D)	Securities Ownership of Beneficially Owned Form:		7. Nature of Indirect Beneficial Ownership (Instr. 4)			
			Code V	Amount	or (D)	Price	(msu: 5 and 4)	(I) (Instr. 4)			
Common Stock	01/26/2006		М	5,553	А	\$0	1,102,636.0893	D			
Common Stock	01/26/2006		F	1,516	D	\$ 74.5	108,720.0893	D			
Common Stock	12/20/2005		D V	1,581.8	D	\$ 77.37	0	D			

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

Persons who respond to the collection of information contained in this form are not (9-02) required to respond unless the form displays a currently valid OMB control number.

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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 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. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		Underlying Securities		8. Pric Deriva Securi (Instr.
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Deferred Comp Stock Units	\$ 0	01/26/2006		М	5,553	<u>(1)</u>	<u>(1)</u>	Common Stock	5,553	\$ (

# **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships							
	Director	10% Owner	Officer	Other				
WATTS JOHN S JR 120 MONUMENT CIRCLE INDIANAPOLIS, IN 46204			EVP					
Signatures								
Nancy Purcell, Attorney-in-fact	01/3	0/2006						
<u>**Signature of Reporting Person</u>		Date						

\*\*Signature of Reporting Person

## **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).

Each deferred stock unit represents the right to receive, on a deferred basis under the Issuer's Comprehensive Executive Non-qualified Retirement Plan, one share of the Issuer's common stock to be issued under the Issuer's 1999 Stock Incentive Plan upon the expiration of

(1) the deferral period. Each of the deferred stock units will vest in three successive equal annual installments, beginning January 26, 2005, subject to acceleration in the event the reporting person should terminate employment with the Issuer under certain prescribed circumstances.

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.