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WELLCARE HEALTH PLANS, INC. Form 4 November 14, 2013

11/13/2013

November 1	4, 2013										
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION									OMB APPROVAL OMB Number 3235-0287		
Check th if no lon	nis box	Washington, D.C. 20549									
subject t Section Form 4 o Form 5 obligatio may con See Instr 1(b).	on STATEN 16. or Filed pur Section 17(20(h) of the Investment Commonly A of (100)									
(Print or Type	Responses)										
Cunningham Alexander R. Sym WE			Symbol	CARE H	nd Ticker of		I	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(M				3. Date of Earliest Transaction (Month/Day/Year) 11/13/2013				_X_ Director Officer (give ti below)		Owner r (specify	
				Amendment, Date Original d(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			
(City)	(State)	(Zip)	Tab	ole I - Non	-Derivative	Secur	rities Acqui	ired, Disposed of,	or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Date2A. Deemed3.4. SecuritYear)Execution Date, ifTransactioner Dispos			(A) Beneficially Owned Following Reported Transaction			6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common				Code V		(D)	Price \$	(Instr. 3 and 4)			
Stock	11/13/2013			S	708	D	ф 67.5723	53,597	D		
Common Stock	11/13/2013			S	6,000	D	\$ 67.24	47,597	D		
Common Stock	11/13/2013			S	3,597	D	\$ 67.22	44,000	D		
Common Stock	11/13/2013			S	4,000	D	\$ 67.32	40,000	D		

S

10,000 D \$67.25 30,000

D

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Common Stock							
Common Stock	11/13/2013	S	10,000	D	\$ 67.26	20,000	D
Common Stock	11/13/2013	S	10,000	D	\$ 67.51	10,000	D
Common Stock	11/13/2013	S	10,000	D	\$ 67.04	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 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)	4. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	;	ate	7. Titl Amou Under Securi (Instr.	nt of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu 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				
Cunningham Alexander R. C/O WELLCARE HEALTH PLANS, INC. 8725 HENDERSON ROAD, REN. 1 TAMPA, FL 33634	х							
Signatures								
/s/ Michael Haber, Attorney-in-fact 11/1	4/2013							

**Signature of Reporting Person

11/14/2013 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.