WELLCARE HEALTH PLANS, INC.

Form 4 May 03, 2016

FORM 4

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

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OMB APPROVAL

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Check this box if no longer subject to Section 16. Form 4 or

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

Form 5 obligations may continue. See Instruction

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).

(Last)

(Print or Type Responses)

1. Name and Address of Reporting Person * Meyer Michael Troy

2. Issuer Name and Ticker or Trading Symbol

WELLCARE HEALTH PLANS, INC. [WCG]

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

C/O WELLCARE HEALTH

(Street)

(State)

(First)

(Middle)

(Zip)

3. Date of Earliest Transaction

(Month/Day/Year) 05/01/2016

Director 10% Owner X_ Officer (give title Other (specify below)

VP, Corporate Controller

PLANS, INC., 8735 HE, REN. 2

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

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

TAMPA, FL 33634

(City)

		1 401	Table 1 - Non-Derivative Securities Acquired, Disposed of, or Denericiany Owned							
1.Title of Security	2. Transaction Date (Month/Day/Year)		4. Securities Acquired on(A) or Disposed of (D)			5. Amount of Securities	6. Ownership	7. Nature of Indirect		
(Instr. 3)		any (Month/Day/Year)	Code (Instr. 8)	(Instr. 3, 4 and 5)			Beneficially Owned	Form: Direct (D) or	Beneficial Ownership	
		(Code V	Amount	(A) or (D)	Price	Following Reported Transaction(s) (Instr. 3 and 4)	Indirect (I) (Instr. 4)	(Instr. 4)	
Common Stock	05/01/2016		M <u>(1)</u>	330	A	\$ 0	379	D		
Common Stock	05/01/2016		F	88 (2)	D	\$ 89.99	291	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 Derivative Security (Instr. 3)			ay/Year) Execution Date, if Transaction of any Code Deri (Month/Day/Year) (Instr. 8) Section (A) Dispose of (I (Instr. 8) Code Deri (Instr. 8) Section (Instr. 8) Sec		Derivative	Expiration Date rivative (Month/Day/Year) curities quired o or sposed (D) str. 3, 4,		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price Deriva Securit (Instr.
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Restrict Stock Units	ed (<u>3)</u>	05/01/2016		M	330	<u>(4)</u>	<u>(4)</u>	Common Stock	330	\$ (

Reporting Owners

Reporting Owner Name / Address

Director 10% Owner Officer Other

Meyer Michael Troy C/O WELLCARE HEALTH PLANS, INC., 8735 HE REN. 2

VP, Corporate Controller

TAMPA, FL 33634 **Signatures**

Michael Haber, Attorney-in-fact 05/03/2016

**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) Vesting of restricted stock units granted to the Reporting Person on August 18, 2015.
- (2) Forfeiture of shares to satisfy tax obligations related to restricted stock units that were granted to the Reporting Person on August 18, 2015 and vested on May 1, 2016.
- (3) Each restricted stock unit represents a contingent right to receive one share of WCG common stock.
- (4) 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 are 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.

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