Edgar Filing: Leenay Mark - Form 4

Leenay Mark Form 4											
February 06, FORM	Л									PPROVAL	
		SECURITIES AND EXCHANGE CON Washington, D.C. 20549					OMB Number:	3235-0287			
Check this if no long subject to Section 16 Form 4 or Form 5	s box er STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF 5. SECURITIES								burden hou	Expires: January 31 2005 Estimated average burden hours per response 0.5	
obligation may conti <i>See</i> Instru- 1(b).	$\frac{1}{1}$ Section $17(a)$	a) of the		ility Hold	ing Com	pany	Act o	f 1935 or Sectio	on		
(Print or Type R	esponses)										
Leenay Mark Syn WE			Symbol WELLC	2. Issuer Name and Ticker or Trading Symbol WELLCARE HEALTH PLANS, INC. [WCG]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Mor			(Month/Da	3. Date of Earliest Transaction (Month/Day/Year) 02/04/2019				Director 10% Owner X Officer (give title Other (specify below) EVP, Chief Medical Officer			
	(Street)	(Street) 4. If Amen Filed(Mont						 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person 			
TAMPA, FL	33634							Form filed by I Person			
(City)	(State)	(Zip)	Table	e I - Non-De	erivative S	Securi	ties Ac	quired, Disposed o	of, or Beneficial	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any		3. Transactio Code (Instr. 8) Code V	4. Securi onAcquired Disposed (Instr. 3, Amount	l (A) o l of (D 4 and (A) or)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Common Stock	02/04/2019			A <u>(1)</u>	2,873	A	\$ 0	3,290	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)

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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. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Under Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own 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					
Leenay Mark C/O WELLCARE HEALTH PLANS, 8735 HENDERSON ROAD, REN 1 TAMPA, FL 33634	INC.		EVP, Chief Medical Officer						
Signatures									
/s/ Michael Haber, Attorney-in-fact	02/06/2019								
<u>**</u> 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).

Represents performance stock unit ("PSU") awards granted on 9/29/16. On 2/4/19, the Compensation Committee certified that the payout for the PSU awards based on a net income margin goal for the year ended 12/31/18 at 200% of target, or 1,156 shares. On 2/4/19, the Compensation Committee certified that the payout for the PSU awards based on a relative total shareholder return goal for the three years

(1) ended 12/31/18 at 200% of target, or 772 shares. On 2/4/19, the Compensation Committee certified that the payout for the PSU awards based on a quality improvement goal for the three years ended 12/31/18 at 163.5% of target, or 945 shares. The PSU awards vest on 3/1/19.

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.