WELLCARE HEALTH PLANS, INC.

Form 4

August 04, 2006

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

OMB Number:

Expires:

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2005

0.5

Check this box if no longer

subject to Section 16. Form 4 or

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

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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).

(Print or Type Responses)

1. Name and Address of Reporting Person * TOWERBROOK INVESTORS L.P. 2. Issuer Name and Ticker or Trading

5. Relationship of Reporting Person(s) to Issuer

Symbol

WELLCARE HEALTH PLANS,

(Check all applicable)

INC. [WCG]

(Last) (First) 3. Date of Earliest Transaction

4. If Amendment, Date Original

Director Officer (give title

10% Owner Other (specify

430 PARK AVENUE, 6TH FLOOR

(Street)

(Middle)

(Month/Day/Year) 08/02/2006

6. Individual or Joint/Group Filing(Check

Applicable Line)

Filed(Month/Day/Year)

X Form filed by One Reporting Person Form filed by More than One Reporting

Person

below)

NEW YORK, NY 10022

(City) (State) (Zip)

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

| 1.Title of Security | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if | 3. Transaction | 4. Securities or Disposed | | 5. Amount of Securities | 6. Ownership | 7. Nature of Indirect |
|------------------------|--------------------------------------|-------------------------------|-------------------|---------------------------|-----------|-------------------------|-----------------|-----------------------|
| (Instr. 3) | | any | Code | (Instr. 3, 4 ar | nd 5) | Beneficially | Form: | Beneficial |
| | | (Month/Day/Year) | (Instr. 8) | | | Owned | Direct (D) | Ownership |
| | | | | | | Following | or Indirect | (Instr. 4) |
| | | | | | () \ | Reported | (I) | |
| | | | | | (A) | Transaction(s) | (Instr. 4) | |
| | | | C 1 W | | or | (Instr. 3 and 4) | | |
| _ | | | Code V | Amount | (D) Price | | | |
| Common | 00/02/2006 | | T (1) | 4.000.016 | D (1) | 057.060 | D (1) (2) | |

Stock

08/02/2006

 $J_{\underline{1}}$

4,900,816 D

(1)

257,968

 $D^{(1)}_{(2)}$

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)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 | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transacti Code (Instr. 8) | | | ate | 7. Title Amoun Under | int of lying ities | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secur Bene |
|---|---|---|---|---------------------------------------|-----------------------------------|---------------------|-----------------|----------------------------|--------------------------|--|---------------------------------|
| | Derivative Security | | | | Securities Acquired | | | (Instr. | 3 and 4) | | Owne Follo |
| | | | | | (A) or Disposed | | | | | | Repo Trans |
| | | | | | of (D) (Instr. 3, 4, and 5) | | | | | | (Instr |
| | | | | | 4, and 3) | | | | Amount | | |
| | | | | | | Date Exercisable | Expiration Date | Title | or Number of | | |
| | | | | Code V | (A) (D) | | | | Shares | | |

Reporting Owners

Attorney-in-Fact (4)

| Reporting Owner Name / Address | Relationships | | | | | | |
|---|---------------|------------|---------|-------|--|--|--|
| | Director | 10% Owner | Officer | Other | | | |
| TOWERBROOK INVESTORS L.P. 430 PARK AVENUE 6TH FLOOR NEW YORK, NY 10022 | | X | | | | | |
| Signatures | | | | | | | |
| /s/ Jennifer Glassman, Attorney-in-Fact (3) | | 08/03/2006 | 5 | | | | |
| **Signature of Reporting Person | | Date | | | | | |
| /s/ Jennifer Glassman, | | 08/03/2006 | 6 | | | | |

**Signature of Reporting Person

/s/ Jennifer Glassman, 08/03/2006

Attorney-in-Fact (5)

**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).

Date

The 4,900,816 shares of the Issuer's common stock reported herein were directly held by TowerBrook Investors L.P. (f/k/a Soros Private Equity Investors LP) ("TBI"). TCP General Partner L.P. (f/k/a SPEP General Partner LP) ("TCP"), the general partner of TBI, and TowerBrook Capital Partners LLC ("TCP LLC"), the general partner of TCP, were deemed to have indirect ownership of such shares. On

- (1) August 2, 2006, TBI distributed the 4,900,816 shares pro rata to its partners. In connection with that distribution, TCP received shares of the Issuer's common stock and immediately distributed such shares pro rata to its partners. No consideration was paid in connection with the distributions. Following such distributions, TBI held 257,968 shares directly and TCP and TCP LLC may be deemed to have indirect ownership of such shares.
- (2) Reference is hereby made to the Form 4 filed April 25, 2005 with respect to the shares of the Issuer held for the account of TBI, filed by SPEP General Partner LLC and discussing the name change.

Reporting Owners 2

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Remarks:

- (3) Ms. Glassman is signing in her capacity as Attorney-in-Fact for TowerBrook Investors L.P.
- (4) Ms. Glassman is signing in her capacity as Attorney-in-Fact for TCP General Partner L.P.
- (5) Ms. Glassman is signing in her capacity as Attorney-in-Fact for TowerBrook Capital Partners LLC.

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.