#### WELLCARE HEALTH PLANS, INC.

Form 4

September 04, 2007

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

**OMB APPROVAL** 

**OMB** 3235-0287 Number:

January 31, Expires: 2005

10% Owner

Other (specify

Beneficial

Ownership

(Instr. 4)

Estimated average burden hours per response... 0.5

Check this box if no longer subject to Section 16.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES** Form 4 or

Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940 See Instruction

1(b).

(Last)

(Print or Type Responses)

1. Name and Address of Reporting Person \* 2. Issuer Name and Ticker or Trading Herzlinger Regina Symbol

(Middle)

(Zip)

WELLCARE HEALTH PLANS,

INC. [WCG] 3. Date of Earliest Transaction

(Month/Day/Year) 08/30/2007

5. Relationship of Reporting Person(s) to

Issuer

X\_ Director

Officer (give title

(Check all applicable)

C/O WELLCARE HEALTH PLANS, INC., 8725 HENDERSON

(State)

08/31/2007

08/31/2007

(First)

ROAD

(Street) 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

D

D

TAMPA, FL 33634

(City)

Common

Stock

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 1.Title of 2. Transaction Date 2A. Deemed 3. 4. Securities Acquired 5. Amount of 6. Ownership 7. Nature of Form: Direct Indirect Security (Month/Day/Year) Execution Date, if Transaction(A) or Disposed of (D) Securities (Instr. 3) Code (Instr. 3, 4 and 5) Beneficially (D) or (Month/Day/Year) (Instr. 8) Owned Indirect (I) Following (Instr. 4) Reported (A) Transaction(s) or (Instr. 3 and 4) Code V Amount (D) Price Common S \$ 96.8 32,231 D 08/30/2007 100 D Stock Common 08/31/2007 S 2,500 D \$ 96.9 29.731 D Stock Common S D 08/31/2007 100 D 29,631 Stock

S

S

D

D

29,431

28,531

200

900

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Common Stock					\$ 96.97
Common Stock	08/31/2007	S	2,500	D	\$ 97 26,031 D
Common Stock	08/31/2007	S	500	D	\$ 25,531 D
Common Stock	08/31/2007	S	100	D	\$ 25,431 D
Common Stock	08/31/2007	S	200	D	\$ 25,231 D
Common Stock	08/31/2007	S	3,518	D	\$ 98.5 21,713 D
Common Stock	08/31/2007	S	1,000	D	\$ 20,713 D
Common Stock	08/31/2007	S	982	D	\$ 19,731 D
Common Stock	08/31/2007	S	400	D	\$ 19,331 D
Common Stock	08/31/2007	S	700	D	\$ 18,631 D
Common Stock	08/31/2007	S	100	D	\$ 18,531 D
Common Stock	08/31/2007	S	200	D	\$ 18,331 D

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

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SEC 1474

(9-02)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exercisable and	7. Title and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	orNumber	Expiration Date	Amount of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/Year)	Underlying	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivativ	e	Securities	(Instr. 5)	Bene
	Derivative		• •	· · · · ·	Securities	S	(Instr. 3 and 4)		Own
	Security				Acquired		`		Follo
	J				(A) or				Repo
					Disposed				Trans
					of (D)				(Instr
					(Instr. 3,				
					4, and 5)				
					i, and 5)				
				Code V	(A) (D)		Title		

Date Expiration Exercisable Date

or Number of Shares

Amount

## **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Herzlinger Regina C/O WELLCARE HEALTH PLANS, INC. 8725 HENDERSON ROAD TAMPA, FL 33634



# **Signatures**

/s/ Michael Haber, attorney-in-fact

09/04/2007

\*\*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).

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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