

WELLCARE HEALTH PLANS, INC.  
 Form 3  
 April 18, 2016

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL

OMB Number: 3235-0104  
 Expires: January 31, 2015  
 Estimated average burden hours per response... 0.5

**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

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

(Print or Type Responses)

|  |   |                                      |  |  |
|--|---|--------------------------------------|--|--|
| 1. Name and Address of Reporting Person *              |   | 2. Date of Event Requiring Statement | 3. Issuer Name <b>and</b> Ticker or Trading Symbol                     |  |
| Â Meyer Michael Troy                                   |   | (Month/Day/Year)                     | WELLCARE HEALTH PLANS, INC. [WCG]                                      |  |
| (Last)   | (First)                                     | (Middle)                             | 04/15/2016   |  |
| C/O WELLCARE HEALTH PLANS, INC., Â 8735 HENDERSON ROAD |   |                                      | 4. Relationship of Reporting Person(s) to Issuer                       | 5. If Amendment, Date Original Filed(Month/Day/Year) |
| (Street)   | (Check all applicable)                      |                                      |  |  |
|  | <input type="checkbox"/> Director           | <input type="checkbox"/> 10% Owner   |  |  |
|  | <input checked="" type="checkbox"/> Officer | <input type="checkbox"/> Other       | 6. Individual or Joint/Group Filing(Check Applicable Line)             |  |
|  | (give title below) (specify below)          |                                      | <input checked="" type="checkbox"/> Form filed by One Reporting Person |  |
|  | VP and Corporate Controller                 |                                      | <input type="checkbox"/> Form filed by More than One Reporting Person  |  |
| TAMPA, Â FL Â 33634                                    |   |                                      |  |  |
| (City)   | (State)                                     | (Zip)                                |  |  |

**Table I - Non-Derivative Securities Beneficially Owned**

| 1. Title of Security (Instr. 4) | 2. Amount of Securities Beneficially Owned (Instr. 4) | 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5) | 4. Nature of Indirect Beneficial Ownership (Instr. 5) |
|---------------------------------|---|--|---|
| Common Stock                    | 49  | D  | Â   |

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

SEC 1473 (7-02)

**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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

| 1. Title of Derivative Security (Instr. 4) | 2. Date Exercisable and Expiration Date (Month/Day/Year) | 3. Title and Amount of Securities Underlying Derivative Security (Instr. 4) | 4. Conversion or Exercise Price of Derivative | 5. Ownership Form of Derivative Security | 6. Nature of Indirect Beneficial Ownership (Instr. 5) |
|--|--|---|---|--|---|
|--|--|---|---|--|---|

Edgar Filing: WELLCARE HEALTH PLANS, INC. - Form 3

|                        | Date Exercisable | Expiration Date | Title        | Amount or Number of Shares | Security | Direct (D) or Indirect (I) (Instr. 5) |   |
|------------------------|------------------|-----------------|--------------|----------------------------|----------|---------------------------------------|---|
| Restricted Stock Units | Â (1)            | Â (1)           | Common Stock | 148                        | \$ (4)   | D                                     | Â |
| Restricted Stock Units | Â (2)            | Â (2)           | Common Stock | 1,323                      | \$ (4)   | D                                     | Â |
| Restricted Stock Units | Â (3)            | Â (3)           | Common Stock | 272                        | \$ (4)   | D                                     | Â |
| Market Stock Units     | Â (5)            | Â (5)           | Common Stock | 157                        | \$ (6)   | D                                     | Â |

## Reporting Owners

| Reporting Owner Name / Address  | Relationships |           |                               |       |
|---|---------------|-----------|-------------------------------|-------|
|   | Director      | 10% Owner | Officer                       | Other |
| Meyer Michael Troy<br>C/O WELLCARE HEALTH PLANS, INC.<br>8735 HENDERSON ROAD<br>TAMPA, FL 33634 | Â             | Â         | Â VP and Corporate Controller | Â     |

## Signatures

Michael Haber,  
Attorney-in-fact

04/18/2016

Signature of Reporting Person

Date

## Explanation of Responses:

- \* If the form is filed by more than one reporting person, see Instruction 5(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) The restricted stock units vest in approximately equal installments on March 1, 2017 and March 1, 2018. Vested shares will be delivered to the Reporting Person upon vest.
- (2) 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 will be delivered to the Reporting Person upon vest.
- (3) The restricted stock units vest in approximately equal installments on March 1, 2017, March 1, 2018 and March 1, 2019. Vested shares will be delivered to the Reporting Person upon vest.
- (4) Each restricted stock unit represents a contingent right to receive one share of WCG common stock.
- (5) The market stock units vest on March 1, 2018. Vested shares will be delivered to the Reporting Person upon vest.
- (6) Each market stock unit represents a contingent right to receive up to two shares of WCG common stock. Vesting will be determined based on the average closing price for the last thirty trading days in 2017.

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.