WELLCARE HEALTH PLANS, INC.

Form 4

March 14, 2007

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB Number:

3235-0287

Expires:

January 31, 2005

0.5

Estimated average burden hours per

response...

OMB APPROVAL

if no longer subject to Section 16. Form 4 or Form 5 obligations

may continue.

See Instruction

Check this box

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)

03/12/2007

(Print or Type Responses)											
1. Name and A Hourani Ali	2. Issuer Name and Ticker or Trading Symbol WELLCARE HEALTH PLANS, INC. [WCG]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
	(First) CARE HEALTI C., 8725 HEND		3. Date of Earliest Transaction (Month/Day/Year) 03/12/2007					X Director 10% Owner Officer (give title below) Other (specify below)			
				endment, Da nth/Day/Year	_	1		6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting			
								Person			
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed o	f, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Da (Month/Day/Year) Execution any	med on Date, if Day/Year)	Date, if Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5)		d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)			
				Code V	Amount		Price	(Instr. 3 and 4)			
Common Stock	03/12/2007			S	100 (1)	D	\$ 85.26	10,281	D		
Common Stock	03/12/2007			S	100 (1)	D	\$ 85.43	10,181	D		
Common Stock	03/12/2007			S	100 (1)	D	\$ 85.44	10,081	D		
Common Stock	03/12/2007			S	100 (1)	D	\$ 85.45	9,981	D		

S

9,881

D

100 (1) D

Edgar Filing: WELLCARE HEALTH PLANS, INC. - Form 4

Common Stock				\$ 85.48		
Common Stock	03/12/2007	S	100 (1) D	\$ 85.51	9,781	D
Common Stock	03/12/2007	S	100 (1) D	\$ 85.54	9,681	D
Common Stock	03/12/2007	S	100 (1) D	\$ 85.59	9,581	D

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 required to respond unless the form displays a currently valid OMB control number.

(9-02)

9. Nu Deriv Secu Bene Own Follo Repo Trans (Insti

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 Exerc	cisable and	7. Tit.	le and	8. Price of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transac	ctionNu	ımber	Expiration D	ate	Amou	ınt of	Derivative
Security	or Exercise		any	Code	of		(Month/Day/	Year)	Unde	rlying	Security
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8	3) De	rivative	e		Secur	ities	(Instr. 5)
	Derivative				Sec	curities			(Instr	. 3 and 4)	
	Security				Ac	quired					
					(A) or					
					Di	sposed					
					of	(D)					
					(In	str. 3,					
					4,	and 5)					
										A	
										Amount	
							Date	Expiration	T:41-	or Namel	
							Exercisable	Date	ritte	Number	
				G 1	T 7 (A) (D)				of	
				Code	V (A	(D)				Shares	

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			

Date

X

Hourani Alif C/O WELLCARE HEALTH PLANS, INC. 8725 HENDERSON ROAD **TAMPA**, FL 33634

Signatures

/s/ Michael Haber,

**Signature of Reporting Person

attorney-in-fact 03/14/2007

Reporting Owners 2

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) Planned sale pursuant to the Reporting Person's Rule 10b5-1 trading plan.

Remarks:

2 of 2

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.