Johnson Glen R Form 4 November 09, 2005

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

OMB APPROVAL OMB

Check this box if no longer

Washington, D.C. 20549

3235-0287 Number: January 31, Expires:

2005

subject to Section 16. Form 4 or

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

Estimated average burden hours per response... 0.5

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).

11/08/2005

(Print or Type I	Responses)											
1. Name and A Johnson Gle	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)					
	C/O WELLCARE HEALTH 11/08 PLANS, INC., 8725 HENDERSON				Oate of Earliest Transaction onth/Day/Year) 708/2005				X Director 10% Owner Officer (give title below) Other (specify below)			
				Amendment, Date Original (Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
TAMPA, FI	L 33634								Form filed by M Person	Iore than One Re	porting	
(City)	(State)	(Zip)	Tabl	e I - Non	ı-D	erivative	Secur	ities Acqu	uired, Disposed of	f, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date 2A. Deemed (Month/Day/Year) 2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr. 8	Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A) or			d of (D) 5)	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	11/08/2005			S	V	Amount 400	(D)	Price \$ 36.3	4,589	D		
Common Stock	11/08/2005			S		300	D	\$ 36.33	4,289	D		
Common Stock	11/08/2005			S		800	D	\$ 36.35	3,489	D		
Common Stock	11/08/2005			S		200	D	\$ 36.38	3,289	D		

S

1,800

D

36.38

1,489

D

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Common Stock					\$ 36.39	
Common Stock	11/08/2005	S	100	D	\$ 36.4 1,389	D
Common Stock	11/08/2005	S	100	D	\$ 36.41 1,289	D
Common Stock	11/08/2005	S	200	D	\$ 36.42 1,089	D
Common Stock	11/08/2005	S	100	D	\$ 36.44 989	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 Exer	cisable and	7. Title	and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	orNumber	Expiration D	ate	Amoun	t of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day	/Year)	Underly	ying	Security	Secur
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivativ	e`		Securiti	ies	(Instr. 5)	Bene
	Derivative			,	Securities	•		(Instr. 3	3 and 4)		Owne
	Security				Acquired				,		Follo
	2000				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						(IIIsti
					4, and 5)						
					1, 4114 5)						
								I	Amount		
						D-4-	F	C	or		
						Date	Expiration	Title 1	Number		
						Exercisable	Date	(of		
				Code V	(A) (D)			5	Shares		

Reporting Owners

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

Johnson Glen R C/O WELLCARE HEALTH PLANS, INC. 8725 HENDERSON ROAD TAMPA, FL 33634

X

Reporting Owners 2

Signatures

/s/ Michael Haber, Attorny-in-fact

**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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