Edgar Filing: Burdick Kenneth A - Form 4

Burdick Kenne Form 4	eth A										
February 06, 2	.019										
FORM	4							OMB APPROVAL			
	TATES		SECURITIES AND EXCHANGE COM Washington, D.C. 20549					OMB Number:	3235-0287		
Check this if no longer subject to Section 16. Form 4 or Form 5 obligations may contin <i>See</i> Instruct 1(b).	Filed pursu section 17(a)	STATEMENT OF CHANGES IN 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								January 31, 2005Estimated average burden hours per response0.5	
(Print or Type Re	sponses)										
Burdick Kenneth A Symb WEI			Symbol WELLC	2. Issuer Name and Ticker or Trading mbol /ELLCARE HEALTH PLANS, JC. [WCG]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Month			3. Date of (Month/Date) (Month/	-				X Director 10% Owner X Officer (give title Other (specify below) below) Chief Executive Officer			
	(Street)	Street) 4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Filing(CheckApplicable Line)_X_ Form filed by One Reporting Person				
TAMPA, FL	33634							Form filed by N Person	More than One Re	porting	
(City)	(State) (Z	Zip)	Table	e I - Non-D	erivative S	ecurit	ies Acq	uired, Disposed of	f, or Beneficial	ly Owned	
	2. Transaction Date (Month/Day/Year)	Executio any		3. Transactic Code (Instr. 8) Code V	4. Securiti on(A) or Dis (D) (Instr. 3, 4 Amount	sposed	of	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	02/04/2019			A <u>(1)</u>	74,397	A	\$0	149,198	D		

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

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 Acquired, Disposed of, or Beneficially Owned
 (e.g., puts, calls, warrants, options, convertible securities)

Reporting Owners

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Under Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Burdick Kenneth A C/O WELLCARE HEALTH PLANS, INC. 8735 HENDERSON ROAD TAMPA, FL 33634	Х		Chief Executive Officer				
Signatures							
/s/ Michael Haber, Attorney-in-fact 02/0	6/2019						

Date

**Signature of Reporting Person

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).

Represents performance stock unit ("PSU") awards granted on 3/28/16. On 2/4/19, the Compensation Committee certified that the payout for the PSU awards based on a net income margin goal for the year ended 12/31/18 at 200% of target, or 29,934 shares. On 2/4/19, the Compensation Committee certified that the payout for the PSU awards based on a relative total shareholder return goal for the three years

(1) Compensation Committee certified that the payout for the PSO awards based on a relative total shareholder return goal for the three years ended 12/31/18 at 200% of target, or 19,992 shares. On 2/4/19, the Compensation Committee certified that the payout for the PSU awards based on a quality improvement goal for the three years ended 12/31/18 at 163.5% of target, or 24,471 shares. The PSU awards vest on 3/1/19.

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.