

BOWERS CHRISTOPHER D  
 Form 3  
 March 21, 2007

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

OMB APPROVAL

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**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 BOWERS CHRISTOPHER D			(Month/Day/Year)		CENTENE CORP [CNC]	
(Last)	(First)	(Middle)	03/07/2007		4. Relationship of Reporting Person(s) to Issuer	
7711 CARONDELET AVENUE					5. If Amendment, Date Original Filed(Month/Day/Year)	
(Street)					(Check all applicable)	
ST. LOUIS,Â MOÂ 63105					6. Individual or Joint/Group Filing(Check Applicable Line)	
(City)	(State)	(Zip)			<input type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other (give title below)    (specify below) Acting Head, Health Plans	
					<input type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person	

**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	6,474 <sup>(1)</sup>	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 Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of	

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				Shares		(I) (Instr. 5)	
Common Stock Option (right to buy)	04/23/2007	04/23/2012	Common Stock	13,200	\$ 9.74	D	Â
Common Stock Option (right to buy)	07/24/2007	07/24/2012	Common Stock	6,000	\$ 7.57	D	Â
Common Stock Option (right to buy)	05/04/2009	05/04/2014	Common Stock	12,000	\$ 16.65	D	Â
Common Stock Option (right to buy)	12/08/2009	12/08/2014	Common Stock	35,000	\$ 26.07	D	Â
Common Stock Option (right to buy)	12/13/2010	12/13/2015	Common Stock	1,000	\$ 25.4	D	Â

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
BOWERS CHRISTOPHER D 7711 CARONDELET AVENUE ST. LOUIS, MO 63105	Â	Â	Â Acting Head, Health Plans	Â

## Signatures

/s/ J. Per Brodin (executed by  
attorney-in-fact) 03/21/2007

\_\_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).

Mr. Bowers' ownership includes 3,200 restricted stock units which vest in four equal annual installments on the anniversary of the grant (1) date beginning on December 13, 2007, and 2,500 restricted stock units which vest in five equal annual installments on the anniversary of the grant date beginning on December 12, 2007.

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.