Edgar Filing: Gibbs Samuel C III - Form 4

Gibbs Samue	el C III											
Form 4	12											
March 25, 20	_									OMB AF	PROVAL	
FORM	14 UNITED	STATES				ND EX(D.C. 20		NGE C	OMMISSION	OMB Number:	3235-0287	
Check this box if no longer subject to Section 16. Form 4 or					ITIES	ENEFICIAL OWNERSHIP OF				Expires:January 31 2009Estimated average burden hours per response0.9		
obligatio may cont <i>See</i> Instru 1(b).	ns Section 17(a) of the l		tility Ho	old	ing Con	ipany	Act of	1935 or Section	1		
(Print or Type I	Responses)											
Gibbs Samuel C III Symbol				er Name and Ticker or Trading 					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) C/O EHEAI MIDDLEFI	LTH, INC., 440 F	Middle) EAST	3. Date of (Month/D 03/21/20	ay/Year)		ansaction			Director X Officer (give below)	10%	Owner r (specify	
				mendment, Date Original Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
MOUNTAI	N VIEW, CA 940	043							Form filed by M Person	lore than One Re	porting	
(City)	(State)	(Zip)	Tabl	e I - Non	-De	erivative	Securi	ities Acq	uired, Disposed of	, or Beneficial	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		ned 1 Date, if	3. Transac Code (Instr. 8	ctio 3)	4. Securi n(A) or Di (Instr. 3,	ties Ad sposed 4 and (A) or	cquired 1 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)	7. Nature of	
Common Stock	03/21/2013			Code $F^{(1)}$	V	Amount 668	(D) D	Price \$ 18.58	14,415	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)

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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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	int 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					
Gibbs Samuel C III C/O EHEALTH, INC. 440 EAST MIDDLEFIELD RD MOUNTAIN VIEW, CA 94043			Pres., eHealth Gov. Systems						
Signatures									
/s/ Jennifer Cashio, as attorney-in Gibbs III	Samuel C.	03/25/2013							
<u>**</u> Signature of Reportin	g 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).

(1) Represents the withholding of shares to satisfy tax withholding obligation.

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.