Edgar Filing: eHealth, Inc. - Form 4

eHealth, Inc.											
Form 4											
March 03, 20										PPROVAL	
FORM	4 UNITE	D STATES			ND EX , D.C. 20		NGE	COMMISSION		3235-0287	
Check this box if no longer subject to STATEMENT OF CHANG				GES IN BENEFICIAL OWNERSHIP OF SECURITIES					Expires: Estimated burden hou	•	
Form 4 or Form 5 obligation may conti <i>See</i> Instru 1(b).	Filed p inue. Section 1	7(a) of the		ility Hole	ding Con	npany	Act o	ge Act of 1934, of 1935 or Sectio 40	response	•	
(Print or Type R	Responses)										
Lauer Gary L Symbol				suer Name and Ticker or Trading bl lth, Inc. [EHTH]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
				Earliest Tr ay/Year))15	ransaction			XDirector10% Owner XOfficer (give titleOther (specify below) below) Chr. of the Board and CEO			
				nendment, Date Original onth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting			
MOUNTAI	N VIEW, CA 9	4043						Person	More than One R	eporting	
(City)	(State)	(Zip)	Table	e I - Non-I	Derivative	Securi	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction E (Month/Day/Ye	ar) Execution any		Code (Instr. 8)	 4. Secur ionAcquire Dispose (Instr. 3) 	d (A) of d of (D 4 and (A) or))	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	02/28/2015			F <u>(1)</u>	2,705	D	\$ 9.1	249,324	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. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna 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% Owned		Officer	Other			
Lauer Gary L C/O EHEALTH, INC. 440 EAST MIDDLEFIELD ROAD MOUNTAIN VIEW, CA 94043	Х		Chr. of the Board and CEO				
Signatures							
/s/ Jennifer Thompson, as attorney-in Lauer	03/03/2015						
** Signature of Reporting Per	son		Date				
Explanation of Resp	onses	S:					

* 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.