Edgar Filing: Jennings Jay Walter - Form 4

Jennings Jay	Walter										
Form 4	10										
April 23, 20	_										
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION								PROVAL			
Washington, D.C. 20549								OMB Number:	3235-0287		
Check this box				NGES IN BENEFICIAL OWN				NEDSHID OF	Expires:	January 31, 2005	
subject to Statement of Chaines				SECURITIES					Estimated average burden hours per		
Form 4 o	Form 4 or							response C			
Form 5 obligation	n a						-	e Act of 1934,			
may cont				•	•	· ·		1935 or Section	n		
See Instru 1(b).	uction	30(h) of	t the In	vestment	Compan	y Aci	t of 194	.0			
(Print or Type I	Responses)										
Jennings Jay Walter Symbol				r Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer			
eHea			Health,	Inc. [EH	TH			(Check all applicable)			
(Last)	(First)			Earliest Tr	ansaction						
				th/Day/Year) 9/2018				Director X Officer (give		0% Owner ther (specify	
	ELD ROAD		1712	510				below)	below) Finance and AP	0	
	(Streat)	4	τε Α	- descent De							
				ndment, Date Original hth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line)			
Thedition				nii Duj, i cui)				_X_Form filed by One Reporting Person Form filed by More than One Reporting			
MOUNTAI	N VIEW, CA 94	4043						Form filed by M Person	lore than One Re	porting	
(City)	(State)	(Zip)	Table	e I - Non-D	erivative	Securi	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Da (Month/Day/Year		Date, if	3. Transactio Code (Instr. 8)	4. Securit n(A) or Di (Instr. 3,	sposed	d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
C				Code V	Amount	(D)	Price	(Instr. 3 and 4)			
Common Stock	04/19/2018			M <u>(1)</u>	5,300	А	\$ 12.43	54,014	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)

Edgar Filing: Jennings Jay Walter - Form 4

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. Number on f Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. l De Sec (In
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Option (right to buy)	\$ 12.43	04/19/2018		M <u>(1)</u>	5,300	(2)	04/19/2018	Common Stock	5,300	\$

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Jennings Jay Walter C/O EHEALTH, INC. 440 EAST MIDDLEFIELD ROAD MOUNTAIN VIEW, CA 94043			SVP, Finance and APO				
Signatures							
/s/ Scott Giesler, as attorney-in-fact f Jennings	for Jay W		04/23/2018				
<u>**</u> 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).
- (1) This represents a cash exercise of 5,300 shares of stock options at \$12.43 per share.
- (2) Currently fully vested and exercisable. The option became vested as to 25% of the shares 1 year after Feburary 28, 2011 and 1/48th of the shares upon completion of each month of continuous service thereafter.

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.