## Edgar Filing: eHealth, Inc. - Form 4

eHealth, Inc.													
Form 4													
May 03, 201	7												
FORM			CECUE							OMB AF	PROVAL		
	UNITED	STATES		shingtor				NGE C	OMMISSION	OMB Number:	3235-0287		
Check the if no long										Expires:	January 31,		
subject to		IENT OF	CHAN	GES IN BENEFICIAL OWNE					NERSHIP OF	Estimated a	2005 verage		
Section 1										burden hours per			
Form 4 o Form 5										response	0.5		
obligation	<b>n</b> c <b>*</b>							•	e Act of 1934,				
may cont				•		•	· ·		1935 or Section	1			
See Instru	uction	30(n) (	of the In	vestmen	n C	Jompan	у Ас	t 01 194	0				
1(b).													
(Print or Type I	Responses)												
	•												
1. Name and A	ddress of Reporting	Person <sup>*</sup>	2. Issuer	Name an	nd 🛛	Ticker or	Tradir	ıg	5. Relationship of	Reporting Pers	on(s) to		
Jennings Jay	y Walter		Symbol	C				0	Issuer				
•				h, Inc. [EHTH]					(Check all applicable)				
(Last)	(Last) (First) (Middle) 3. Date of Earliest Tran				nsaction					ek all applicable)			
				n/Day/Year)					Director 10% Owner				
C/O EHEALTH, INC., 440 EAST 05/01/20				1/2017					XOfficer (give titleOther (specify below) below)				
MIDDLEFI	ELD ROAD								· · · · · · · · · · · · · · · · · · ·	inance and AP	0		
	(Street)		4. If Ame	ndment. F	Date	e Original			6. Individual or Jo	int/Group Filin	g(Check		
				mendment, Date Original Ionth/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line)				
- 100(1101					,				_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	2. Transaction Date	e 2A. Deem	ed	3.		4. Securit	ies Ac	cquired	5. Amount of	6. Ownership	7. Nature of		
Security	(Month/Day/Year)	Execution	Date, if	Transact Code		n(A) or Di	-		Securities	Form: Direct			
(Instr. 3)		any (Month/D	•			(Instr. 3,	4 and	5)	Beneficially Owned		Beneficial Ownership		
			(Month/Day/Year)		(Instr. 8)				Following	Indirect (I) (Instr. 4)	(Instr. 4)		
							(A)		Reported	. ,	. ,		
							or		Transaction(s)				
				Code V	V	Amount	(D)	Price	(Instr. 3 and 4)				
Common Stock	05/01/2017			F <u>(1)</u>		734	D	\$ 15.02	34,784	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. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Date	Secur	ınt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne 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				
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		05/03/2017						
<u>**</u> Signature of Reporting Person			Date					
Evalenation of Doon	_ <b>_ _ _ _ _ _ _ _ _ _</b>							

## **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.