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

eHealth, Inc.											
Form 4											
March 24, 20	)15										
FORM	1 /								OMB AF	PROVAL	
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287		
Check thi									Expires:	January 31,	
if no longer subject to STATEMENT OF CHAN				GES IN BENEFICIAL OWNER				NERSHIP OF		2005	
	Section 16.				SECURITIES				Estimated average burden hours per		
Form 4 o								response 0.5			
Form 5 obligation	nc *						•	e Act of 1934,			
may cont				•	•	· ·		1935 or Section	1		
<i>See</i> Instru 1(b).		30(h) d	of the In	vestment	Compan	y Ac	t of 194	0			
(Print or Type F	Responses)										
Tsao Tom G. Symbol				er Name <b>and</b> Ticker or Trading h, Inc. [EHTH]				5. Relationship of Reporting Person(s) to Issuer			
								(Check all applicable)			
(Last)	(First)			Earliest Tr	ansaction			Director	100	0	
C/O EHEALTH, INC., 440 EAST (Month/D 03/20/20				•				Director 10% Owner X Officer (give title Other (specify			
	ELD ROAD		0312012	015				below) EVP, Chief	below) Technology C	officer	
(Street) 4. If An			4. If Ame	mendment, Date Original			6. Individual or Joint/Group Filing(Check				
Filed(Mon				nth/Day/Year)				Applicable Line)			
MOUNTAI	N VIEW, CA 94	4043						_X_Form filed by C Form filed by M Person			
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of	2. Transaction Da			3.	4. Securi			5. Amount of	6. Ownership		
Security	(Month/Day/Year		Date, if	Transactio		-		Securities Beneficially	Form: Direct (D) or	Indirect Beneficial	
(Instr. 3)		any (Month/D	Code (Instr. 3, Day/Year) (Instr. 8)			+ and <i>5)</i>		Owned	(D) of Indirect (I) (Instr. 4)	Ownership (Instr. 4)	
						(A)		Transaction(s)			
				Codo V	Amount	or	Drigg	(Instr. 3 and 4)			
Common				Code V		(D)	Price \$				
Stock	03/20/2015			F <u>(1)</u>	1,799	D	ф 10.24	21,630	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. orNumber 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 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							
r g	Director	10% Owner	Officer	Other				
Tsao Tom G. C/O EHEALTH, INC. 440 EAST MIDDLEFIELD ROAD MOUNTAIN VIEW, CA 94043			EVP, Chief Technology Officer					
Signatures								
/s/ Jennifer Cashio, as attorney-in-fac Tsao	et for Ton	n G.	03/24/2015					
**Signature of Reporting Person			Date					
Explanation of Respo	neoc	2-						

## 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.