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eHealth, Inc.											
Form 4 April 04, 2017											
FORM	4								PPROVAL		
	• UNITED	STATES		RITIES A ashington,			COMMISSIO	N OMB Number:	3235-028	7	
Check this b if no longer		AENT OI				WNFRSHIP OF	Expires:	January 31 200			
subject to Section 16. Form 4 or			CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES					Estimated average burden hours per response 0.			
Form 5 obligations may continue. See Instruction 1(b). Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940											
(Print or Type Res	ponses)										
1. Name and Address of Reporting Person <u>*</u> Francis David K.			2. Issuer Name and Ticker or Trading Symbol eHealth, Inc. [EHTH]			5. Relationship of Reporting Person(s) to Issuer					
(Last)	(First) (Middle)	3. Date of	of Earliest Ti	ansaction		(Ch	eck all applicabl	e)		
C/O EHEALTH, INC., 440 EAST MIDDLEFIELD ROAD			(Month/Day/Year) 03/31/2017			Director 10% Owner X Officer (give title Other (specify below) below) Chief Financial Officer					
	4. If Amendment, Date Original Filed(Month/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 							
MOUNTAIN	VIEW, CA 94	043					Person		1 0		
(City)	(State)	(Zip)	Tab	ole I - Non-E	Derivative	Securities A	cquired, Disposed	of, or Beneficia	lly Owned		
	2. Transaction Date 2A. Deer (Month/Day/Year) Executio any (Month/I		Date, if TransactionA Code I		4. Securiti Acquired Disposed (Instr. 3, 4	(A) or of (D)	5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code V	Amount	(A)or(D) Price	Transaction(s) (Instr. 3 and 4)				
Reminder: Report	on a separate line	e for each cl	ass of sec	urities benef	icially owr	ed directly o	or indirectly.				
					inform requir	ation cont ed to respo ys a currei	spond to the colle ained in this forn ond unless the fo ntly valid OMB co	n are not rm	SEC 1474 (9-02)		

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onDerivative	Expiration Date	Underlying Securities
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)

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(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr.	(Instr. 8) Acquire or Dispo (D) (Instr. 3 and 5)		isposed of r. 3, 4,				
				Code	Code V	(A)	(D)	Date Expiration Exercisable Date	Title	Amoun or Numbe of Shar	
Performance Stock Units	\$ 0	03/31/2017		А		40,000		<u>(1)</u>	03/31/2021	Common Stock	40,00

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Francis David K. C/O EHEALTH, INC. 440 EAST MIDDLEFIELD ROAD MOUNTAIN VIEW, CA 94043			Chief Financial Officer					
Signatures								
/s/ Scott Giesler as attorney-in-fact for Francis	or David l	К.	04/04/2017					
** 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).

The performance-based restricted stock units will be eligible to vest during a four-year performance period following the award's grant date based on the company's stock price trading at a certain pre-determined price thresholds. Once a price is achieved, the portion of the award related to that threshold will vest one year later, subject to the individual continuing to provide services to the company through the applicable vesting date.

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.

(1)