Edgar Filing: eHealth, Inc. - Form 4

eHealth, Inc.										
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April 04, 201	17									
FORM	14							OMB AF	PROVAL	
	UNITED	STATES SECU Wa	RITIES A ashington,			NGE C	COMMISSION	OMB Number:	3235-0287	
if no long subject to Section 1	subject to				ES IN BENEFICIAL OWNERSHIP OF SECURITIES				Expires: January 31, 2005 Estimated average burden hours per response 0.5	
Form 5 obligatio may cont <i>See</i> Instru 1(b).	ns Section 17(a	suant to Section a) of the Public U 30(h) of the I	Jtility Hold	ling Con	npany	Act of	1935 or Section	·		
(Print or Type I	Responses)									
1. Name and A Tsao Tom C	er Name and Ticker or Trading h, Inc. [EHTH]				5. Relationship of Reporting Person(s) to Issuer					
(Last)	(First) (N	(iddle) 3. Date	of Earliest Tr	ansaction			(Chec	k all applicable)	
C/O EHEAI	LTH, INC., 440 E ELD ROAD	(Month/	Day/Year)	unsuction			Director X Officer (give below) Presider		Owner or (specify ess	
			nendment, Date Original onth/Day/Year)				 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person 			
MOUNTAI	N VIEW, CA 940)43					_X_Form filed by C Form filed by M Person			
(City)	(State)	(Zip) Tal	ole I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Code (Instr. 8)	(Instr. 3,	spose	d of (D)	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	03/31/2017		Code V $F^{(1)}$	Amount 2,349	(D) D	Price \$ 12.04	(insu: 5 and 4) 52,870	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. Transacti Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	Expiration I (Month/Day	Date	7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (I	Date Exercisable	Expiration Date	Title	Amoun or Numbe of Shar
Performance Stock Units	\$ O	03/31/2017		А	15,000	(2)	03/31/2021	Common Stock	15,00

Reporting Owners

Reporting Owner Name / Address			Relationships		
1 5	Director	10% Owner	Officer	Other	
Tsao Tom G. C/O EHEALTH, INC. 440 EAST MIDDLEFIELD ROAD MOUNTAIN VIEW, CA 94043			President, Small Business		
Signatures					
/s/ Scott Giesler, as attorney-in-fact f Tsao	for Tom C	.	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).
- (1) Represents the withholding of shares to satisfy tax withholding obligation.

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

(2) award related to that threshold will vest one year later, subject to Mr. Tsao's continuing to provide services to the company through the applicable vesting date. Mr. Tsao's employment with the company is scheduled to terminate effective April 7, 2017, and his equity awards would cease vesting as a result.

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.