Edgar Filing: Lauer Gary L - Form 4

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Form 4											
February 25, 2	4 UNITED	UNITED STATES SECURITIES AND EXCHANGE COMMISSION								OMB APPROVAL OMB 3235-028 Number:	
Check this if no longer subject to Section 16. Form 4 or Form 5 obligations may contin <i>See</i> Instruct 1(b).	Filed pu Section 17								burden hou response	Expires: January 31, 2005 Estimated average burden hours per response 0.5	
(Print or Type Re	sponses)										
1. Name and Address of Reporting Person *2. IssueLauer Gary LSymbol			Symbol	suer Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer			
	eHealth, Inc. [EHTH]					(Check all applicable)					
(Last) (First) (Middle) 3. Date of (Month/Da C/O EHEALTH, INC., 440 EAST 02/21/20 MIDDLEFIELD ROAD				-				X Director 10% Owner X Officer (give title Other (specify below) below) Chr. of the Board and CEO			
(Street) 4. If Amer				ndment, Date Original			6. Individual or Joint/Group Filing(Check				
MOUNTAIN	VIEW, CA 94	4043	Filed(Mont	h/Day/Year)				Applicable Line) _X_ Form filed by 0 Form filed by M Person	One Reporting Pe More than One Re		
(City)	(State)	(Zip)	Table	e I - Non-Do	erivative S	ecurit	ies Acq	uired, Disposed of	f, or Beneficial	ly Owned	
	2. Transaction Da (Month/Day/Year	r) Execution any		3.	4. Securiti m(A) or Dis (D) (Instr. 3, 4 Amount	es Ac posed	quired of	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of	
Common Stock	02/21/2013			A <u>(1)</u>	20,001	А	\$0	185,071	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. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Secur (Instr.	int of lying	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						
1 0	Director	10% Owner	Officer	Other			
Lauer Gary L C/O EHEALTH, INC. 440 EAST MIDDLEFIELD ROAD MOUNTAIN VIEW, CA 94043	Х		Chr. of the Board and CEO				
Signatures							
/s/ Jennifer Thompson, as attorney-in-fact for Gary L. Lauer			02/25/2013				
**Signature of Reporting Pers	son		Date				
Explanation of Poon	neoc						

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).
- Represents the number of shares subject to performance-based restricted stock units that the reporting person is eligible to vest. The
 (1) reported shares will vest in three equal annual installments on September 5, 2013, September 5, 2014, and September 5, 2015, subject to the reporting person's continued service through each 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.