Edgar Filing: Jennings Jay Walter - Form 4

| Jennings Jay | Walter | | | | | | | | | | |
|---|-----------------------------------|---------------------|---------------------------------|--|---|---------------------------------------|-------------|--|--|-------------|--|
| Form 4 | 0 | | | | | | | | | | |
| May 15, 201 | _ | | | | | | | | | | |
| FORM | 14 _{UNITE} | D STATES | SECUE | RITIES A | ND EX | чна | NGE C | OMMISSION | | PROVAL | |
| | UIIIL | DUIAIE | | shington, | | | | | OMB Number: | 3235-0287 | |
| Check th | | | | , | 210120 | ., | | | | January 31, | |
| if no long | GES IN I | BENEF | CIA | LOW | NERSHIP OF | Expires: | 2005 | | | | |
| subject to Section 1 | SECURITIES | | | | | Estimated average burden hours per | | | | | |
| Form 4 o | | | | | response | | | | | | |
| Form 5 obligation | na - | | | | | | - | e Act of 1934, | | | |
| may cont | | | | • | • | · · | | 1935 or Section | 1 | | |
| See Instru 1(b). | uction | 30(h) | of the In | vestment | Compan | y Ac | t of 194 | .0 | | | |
| (Print or Type I | Responses) | | | | | | | | | | |
| 1. Name and Address of Reporting Person * Jennings Jay Walter2. Issuer Symbol eHealth, | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer | | | |
| | | | | , Inc. [EH | TH | | | (Check all applicable) | | | |
| | | | | of Earliest Transaction | | | | | | | |
| C/O EHEALTH, INC., 440 EAST 05/12/20 | | | | - | | | | Director 10% Owner X Officer (give title Other (specify | | | |
| MIDDLEFI | 018 | | | | below) | 0 | | | | | |
| | | | | | | | | · · · · · · | inance and AP | | |
| | | | | ndment, Date Original | | | | 6. Individual or Joint/Group Filing(Check | | | |
| | nth/Day/Year) |) | | | Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting | | | | | | |
| MOUNTAL | N VIEW, CA 9 | 94043 | | | | | | Person | | | |
| (City) | (State) | (Zip) | Tabl | e I - Non-D | erivative | Secur | ities Acq | uired, Disposed of | , or Beneficial | ly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction E (Month/Day/Ye | ar) Executio any | med on Date, if Day/Year) | 3. Transactio Code (Instr. 8) | 4. Securi n(A) or Di (Instr. 3, | spose | d of (D) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | |
| | | | | Code V | Amount | (D) | Price | (Instr. 3 and 4) | | | |
| Common Stock | 05/12/2018 | | | F <u>(1)</u> | 467 | D | \$ 18.54 | 47,555 | 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)

| Derivative Security (Instr. 3) | Conversion or Exercise Price of Derivative Security | (Month/Day/Year) | Executio any | | Transactic Code (Instr. 8) | orNumber of Derivative Securities Acquired (A) or Disposed | (Month/Day/ e s | Date | Amou Unde Secur | rities r. 3 and 4) | Derivative Security (Instr. 5) | Deriv Secu Bene Own Follo Repo Trans |
|--------------------------------------|---|------------------|-----------------|----------|----------------------------------|--|-----------------------|--------------------|-----------------------|--|--------------------------------------|--|
| | | | | | | of (D) (Instr. 3, | | | | | | (Instr |
| | | | | | | (insu: 5, 4, and 5) | | | | | | |
| | | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |
| Repor | rting O | wners | | | | | | | | | | |
| Report | ing Owner No | ame / Address | Relationships | | | | | | | | | |
| Keport | ing Owner Na | | Director | 10% Owne | er Office | er | | Other | | | | |
| C/O EHE 440 EAST | Jay Walter ALTH, INC Γ MIDDLEI | FIELD ROAD | | | SVP | ', Finance | e and APO | | | | | |

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4.

5.

6. Date Exercisable and 7. Title and

8. Price of

9. Nt

| 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 t Jennings | | 05/15/2018 | | | | | | | |
| <u>**</u> Signature of Reporting Persor | ı | | Date | | | | | | |
| Explanation of Doon | 0000 | | | | | | | | |

Explanation of Responses:

* If the form is filed by more than one reporting person, *see* Instruction 4(b)(v).

3. Transaction Date 3A. Deemed

** 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.

1. Title of 2.