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

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eHealth, Inc											
Form 4											
February 14	, 2014										
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION OMB									PROVAL		
	UNITEL		URITIES A Vashington			NGE C	COMMISSION	OMB Number:	3235-0287		
Check this box if no longer								Expires:	res: January 31,		
subject to	STATE	STATEMENT OF CHANGES IN BENEFICIAL OW					NERSHIP OF	2005 Iverage			
Section		SECURITIES						Estimated average burden hours per			
Form 4 c Form 5			16() 6.1	а ·	· -			response 0.5			
obligatio	no -	irsuant to Section				-					
may con	unue.		e Investment	•	-	•	1935 or Section	n			
See Instr	uction	30(II) 01 UI		Compa	Iy At	1 01 194	Ю				
1(b).											
(Print or Type	Responses)										
1. Name and Address of Reporting Person <sup>*</sup> _ 2. Issuer Name <b>and</b> Ticker or Trading 5. Relation						5. Relationship of	of Reporting Person(s) to				
LIVINGSTON RANDALL S Symbol				ool			Issuer				
eHealth				ealth, Inc. [EHTH]			(Chec	heck all applicable)			
(Last)	(First)	(Middle) 3. Da	ddle) 3. Date of Earliest Transaction				(Check an applicable)				
(Month/D							X_ Director		Owner		
C/O EHEALTH, INC., 440 EAST 02/12/20							Officer (give below)	ve title Other (specify below)			
MIDDLEFI	ELD ROAD										
(Street) 4. If Amer			mendment, D	endment, Date Original			6. Individual or Joint/Group Filing(Check				
Filed(Mon			Month/Day/Yea	nth/Day/Year)			Applicable Line)				
MOUNTAIN VIEW, CA 94043Form filed by M						ore than One Reporting					
MOUNTAI	IN VIEW, CA 94	4043					Person				
(City)	(State)	(Zip)	able I - Non-l	Derivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of	2. Transaction Da		3.	4. Secur			5. Amount of	6. Ownership			
Security (Instr. 3)	(Month/Day/Year		if Transacti Code	on(A) or D (Instr. 3,			Securities Beneficially	Form: Direct (D) or	Indirect Beneficial		
(IIIsu: 5)		any (Month/Day/Ye		(111511. 5,	4 anu	3)	Owned	Indirect (I)	Ownership		
							Following	(Instr. 4)	(Instr. 4)		
					(A)		Reported				
					or		Transaction(s) (Instr. 3 and 4)				
Common			Code V	Amount	(D)	Price ¢					
Common Stock	02/12/2014		<b>S</b> (1)	1,000	D	\$ 44.51	28,229	D			
STOCK						44.31					

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	2. Conversion	3. Transaction Date (Month/Day/Year)		4. Transact	5. ionNumber	6. Date Exer Expiration D			le and unt of	8. Price of Derivative	9. Nu Deriv
Security (Instr. 3)	or Exercise Price of Derivative Security	(Mondi, Day, Tear)	(Month/Day/Year)	Code (Instr. 8)	onNumber Expiration Date of (Month/Day/Year) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			Unde Secur	rlying	Security (Instr. 5)	Secur 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		Relationsh		
	Director	10% Owner	Officer	Other
LIVINGSTON RANDALL S C/O EHEALTH, INC. 440 EAST MIDDLEFIELD ROAD MOUNTAIN VIEW, CA 94043	Х			
Signatures				
/s/ Jennifer Cashio, as attorney-in-fac Livingston		02/14/2014		
<u>**</u> Signature of Reporting P		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) This transaction was effected pursuant to a Rule 10b5-1 trading plan.

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.