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

eHealth Inc

eHealth, Inc. Form 4											
August 19, 2	2014										
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB AF OMB Number:	3235-0287		
Check th			washington,	D.C. 20	549				January 31,		
Section 16. SECU Form 4 or				ES IN BENEFICIAL OWNERSHIP OF ECURITIES					Expires: 2005 Estimated average burden hours per response 0.5		
obligatio may cont <i>See</i> Instru 1(b).	ns Section 17	(a) of the Pu	ection 16(a) of the ablic Utility Hold f the Investment	ling Cor	npany	y Act of	1935 or Section	1			
(Print or Type I	Responses)										
1. Name and A LIVINGST	2. Issuer Name <b>and</b> Symbol Health, Inc. [EH		Tradii	ng	5. Relationship of Reporting Person(s) to Issuer						
(Last)	(First) (		B. Date of Earliest Tra	-			(Chec	k all applicable	)		
C/O EHEAI MIDDLEFI	Month/Day/Year) )8/15/2014	Day/Year)				Director 10% Owner Officer (give title Other (specify w) below)					
(Street) 4. If Amer			I. If Amendment, Da	ndment, Date Original			6. Individual or Joint/Group Filing(Check				
Filed(Month/Day/Year) MOUNTAIN VIEW, CA 94043						Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(State)	(Zip)	Table I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of Security (Instr. 3)	2. Transaction Dat (Month/Day/Year)		Date, if Transactio Code	(Instr. 3,	ispose 4 and (A) or	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	08/15/2014		S <u>(1)</u>	750	D	\$ 22.84	30,985	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	2. Conversion	3. Transaction Date (Month/Day/Year)		4. Transact	5. onNumber	6. Date Exer Expiration D		7. Tit Amou	le and	8. Price of Derivative	9. Nu Deriv
Security (Instr. 3)	or Exercise Price of Derivative Security	(Monul/Day/Tear)	(Month/Day/Year)	Code (Instr. 8)	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		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		08/19/2014		
<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.