Flanders Scott N Form 4 March 09, 2018

FORM 4

Form 5

obligations

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

Check this box if no longer subject to

SECURITIES Section 16. Form 4 or

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940 See Instruction

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * Flanders Scott N

2. Issuer Name and Ticker or Trading Symbol

5. Relationship of Reporting Person(s) to

OMB APPROVAL

3235-0287

January 31,

2005

0.5

OMB

Number:

Expires:

response...

Estimated average

burden hours per

Issuer

(Last)

(Middle)

eHealth, Inc. [EHTH]

3. Date of Earliest Transaction (Month/Day/Year)

03/07/2018

_X__ Director 10% Owner Other (specify

(Check all applicable)

X_ Officer (give title below) below) Chief Executive Officer

C/O EHEALTH, INC., 440 EAST MIDDLEFIELD RD.

(First)

4. If Amendment, Date Original Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check

Applicable Line)

X Form filed by One Reporting Person Form filed by More than One Reporting Person

MOUNTAIN VIEW, CA 94043

(Street)

(City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)

2. Transaction Date 2A. Deemed (Month/Day/Year)

Execution Date, if

(Month/Day/Year)

3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 3, 4 and 5) (Instr. 8)

5. Amount of Securities Beneficially Owned Following

6. Ownership 7. Nature of Form: Direct Indirect (D) or Indirect Beneficial Ownership (I) (Instr. 4) (Instr. 4)

Reported Transaction(s)

(A) (Instr. 3 and 4) Code V Amount (D) Price

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)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)

1. Title of Derivative Security

Conversion or Exercise

3. Transaction Date 3A. Deemed (Month/Day/Year) Execution Date, if

any

5. Number of 4. **Transaction**Derivative Code Securities

6. Date Exercisable and **Expiration Date** (Month/Day/Year)

7. Title and Amoun Underlying Securiti (Instr. 3 and 4)

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(Instr. 3) Price of (Month/Day/Year) (Instr. 8) Acquired (A)
Derivative or Disposed of Security (D)
(Instr. 3, 4, and 5)

(D) Date Expiration Title Amor Exercisable Date or

or Numl of Sh

Performance Stock Option

\$ 12.04

03/07/2018

A 92,016

(A)

Code V

03/15/2018 03/31/2024

Common Stock 92,0

Reporting Owners

Reporting Owner Name / Address Relationships

X

Director 10% Owner Officer Other

Flanders Scott N

C/O EHEALTH, INC. 440 EAST MIDDLEFIELD RD. MOUNTAIN VIEW, CA 94043

C

Chief Executive Officer

Signatures

/s/ Scott Giesler as attorney-in-fact for Scott N. Flanders

03/09/2018

**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).
 - On March 31, 2017, the reporting person was granted a performance-based stock option to purchase up to 135,850 shares in lieu of a performance-based cash bonus opportunity for 2017. The performance-based stock option vests upon the certification of the
- (1) compensation committee of the issuer's board of directors of the achievement of certain revenue and adjusted EBITDA performance criteria for the year ended December 31, 2017. On March 7, 2018, the compensation committee certified achievement of the performance criteria, resulting in the vesting of 92,016 shares subject to the option.

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.

Reporting Owners 2