Instruction 1(b)

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

**OMB APPROVAL** OMB Number: Estimated average burden hours per response: 0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name ar <u>Lauer (</u>		2. Issuer Name and Ticker or Trading Symbol  eHealth, Inc. [ EHTH ]									tionship of all applic Directo	,		on(s) to Issuer  10% Owner					
(Last) (First) (Middle) C/O EHEALTH, INC. 440 EAST MIDDLEFIELD ROAD						3. Date of Earliest Transaction (Month/Day/Year) 01/16/2013								X	Officer below) Chr	specify			
(Street)  MOUNTAIN VIEW  CA 94043				4.	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable ne)  X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City) (State) (Zip)																			
		Tab	ole I - I	Non-Der	ivativ	e Sec	curit	ties A	cquire	d, D	isposed o	f, or B	eneficia	lly (	Owned				
Date				Transaction ate lonth/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 ar			Benefi		es ally Following	Form (D) o	n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
								Code	v	Amount	(A) or (D)	Price	Tr		saction(s) r. 3 and 4)			(111301.4)	
Common Stock 01/16/201						.3		M <sup>(1)</sup>		14,600	Α	\$2	<b>\$</b> 2 1		3,584		D		
Common Stock 01/16/201						.3			<b>S</b> <sup>(1)</sup>		14,600 D \$24.		\$24.452	2(2)	2 <sup>(2)</sup> 168,984		D		
		•	Table	II - Deriv (e.g.,	ative puts,	Secu	ritie s, wa	es Acc arrant	quired s, opti	, Dis	posed of, , converti	or Be	neficiall urities)	y O	wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execution Date, if any (Month/Day/Year) 8		4. Transa Code ( 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		De	Price of erivative ecurity estr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	ly	Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exerci	sable	Expiration Date	Title	Amount or Number of Shares						
Employee Stock Option (right to	\$2	01/16/2013			M <sup>(1)</sup>			14,600	(3	3)	05/21/2013	Commo Stock	n 14,600		\$0	87,200	)	D	

## **Explanation of Responses:**

- 1. This transaction was effected pursuant to a Rule 10b5-1 trading plan.
- 2. The price reported in Table I, Column 4 for sales on 1/16/2013 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$24.28 to 24.76, inclusive. The reporting person undertakes to provide to eHealth, Inc., any security holder of eHealth, Inc., or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the ranges set forth in footnote (2) to this Form 4.
- 3. The option shares become vested as to 25% of the shares one year after September 9, 2002 and 1/48th of the shares upon each month of continuous service thereafter.

## Remarks:

/s/ Jennifer Thompson, as attorney-in-fact for Gary L.

01/18/2013

Date

Lauer

\*\* Signature of Reporting Person

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

- $^{\star}$  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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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 Number.