FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
OMB Number:	3235-0287									
Estimated average burden										

0.5

hours per response:

Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1(h)

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 and Address of Reporting Person*  Lauer Gary L					2. Issuer Name <b>and</b> Ticker or Trading Symbol <u>eHealth, Inc.</u> [ EHTH ]											5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
(Last) (First) (Middle) C/O EHEALTH, INC. 440 EAST MIDDLEFIELD ROAD					3. Date of Earliest Transaction (Month/Day/Year) 03/10/2013											X	X Officer (give title below)			10% Owner Other (specify below)  Board and CEO	
(Street)  MOUNTAIN VIEW  CA  94043  (City) (State) (Zip)					4. If Amendment, Date of Original Filed (Month/Day/Year)										. Indivine)	Form	dual or Joint/Group Filing (Check Applicable  Form filed by One Reporting Person  Form filed by More than One Reporting  Person				
		Tabl	e I - Non	-Deriva	ative	Se	curitie	s Ac	quir	ed, Di	isp	osed o	f, oı	r Ben	efici	ally	Owne	ed			
Date					Date Ex Month/Day/Year) if a		2A. Deemed Execution Date, if any (Month/Day/Year)		Tr Co	Transaction Disp Code (Instr. 5)		Disposed	Securities Acquired (A posed Of (D) (Instr. 3,			4 and Se Be Ov		Amount of ecurities eneficially wned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership
									C	ode V		Amount		(A) or (D)	Price	•	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Common Stock 03/10/							/2013		F	(1)		5,295		D \$1		7.5	222,105			D	
		Та	ble II - D (e									sed of, onvertib					wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Day	Date, 1	4. Transaction Code (Instr 8)				6. Date Exerciss Expiration Date (Month/Day/Yea				7. Title and Amount of Securities Underlying Derivative Security (Instr and 4)		str. 3	Deri Sec	Price of rivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owners Form: Direct (I or Indire (I) (Instr	Ownership	11. Nature of Indirect Beneficial Ownership (Instr. 4)
	Code V (		(A)	(D)	Date Exer	ate Expiration cf Share  ate Title Share			mber												

## **Explanation of Responses:**

1. Represents the withholding of shares to satisfy tax withholding obligation.

## Remarks:

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

03/12/2013

<u>Lauer</u>

\*\* Signature of Reporting Person

Date

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

- \* 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.