FORM 4

obligations may continue. See Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF C	HANGES	IN BEN	IEFICIAL	<b>OWNERSH</b>	ΙP

OMB APPROVAL

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

Name and Address of Reporting Person*     Lauer Gary L					2. Issuer Name <b>and</b> Ticker or Trading Symbol <u>eHealth, Inc.</u> [ EHTH ]										theck al	tionship of Repo all applicable) Director Officer (give ti		10% (	Owner (specify
	Last) (First) (Middle) C/O EHEALTH, INC. 40 EAST MIDDLEFIELD ROAD				3. Date of Earliest Transaction (Month/Day/Year) 09/05/2015													ow)	
(Street) MOUNT VIEW (City)	AIN CA	A 9	)4043 Zip)		4. If	Ame	ndment,	Date o	f Original	Filed	i (Month/Da	ay/Yea	ur)		ne) X	Form	i filed by One	Filing (Check /	son
		Tabl	e I - Nor	n-Deriv	ative	Se	curitie	s Acc	quired,	Dis	posed o	f, or	Ben	eficia	ally O	wne	d		
1. Title of Security (Instr. 3)  2. Transa Date (Month/D				Ex  Day/Year)   if a		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Dis		Disposed	Securities Acquired (A) sposed Of (D) (Instr. 3,			4 and So		ount of ties cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(,	A) or D)	Price	Ti		ction(s) 3 and 4)		(Instr. 4)
Common Stock 09/05/				/2015	/2015			F <sup>(1)</sup>		3,478 D		\$14	.72	167,456		D			
		Та						•			sed of, onvertib				y Owr	ned			
Derivative Conversion Date		3. Transaction Date (Month/Day/Year)	Execution Da		Code (Instr.		5. Number of		6. Date Exercisable a Expiration Date (Month/Day/Year)		e				8. Price Derivat Securit (Instr. §	ative deriva Secur Secur Benef Owne Follov Repor Trans	9. Number of derivative Securities Beneficially Owned Following Reported Transaction( (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	Code V			Date Exercisable		Expiration Date	Title	Nur of	nber res					

## **Explanation of Responses:**

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

## Remarks:

/s/ Scott Giesler, as attorney-infact for Gary L. Lauer 09/09/2015

\*\* 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.