Yung Derek N. Form 3			
June 06, 2018			
FORM 3	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington D.C. 20549	OMB AP	PROVAL
	Washington, D.C. 20549	OMB Number:	3235-010

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person <u>*</u> Yung Derek N.		2. Date of Event Requiring Statement (Month/Day/Year)	3. Issuer Name and Ticker or Trading Symbol eHealth, Inc. [EHTH]				
(Last)	(First)	(Middle)	06/04/2018	4. Relationship of Reporting Person(s) to Issuer		5. If Amendment, Date Original Filed(Month/Day/Year)	
C/O EHEA	LTH, INC.,,	440					
EAST MID				(Check all applicable)			
(Street) MOUNTAIN VIEW, CA 94043				Director 10% Owner Officer Other (give title below) (specify below) SVP, Chief Financial Officer		 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person 	
(City)	(State)	(Zip)	Table I - I	Non-Derivat	tive Securiti	es Be	neficially Owned
1.Title of Secu (Instr. 4)	ırity		2. Amount o Beneficially (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nat Owne (Instr.	1
No securitie	es beneficall	y owned	0		D	Â	
Reminder: Rep owned directly	-	ate line for ea	ch class of securities benefic	cially S	EC 1473 (7-02)	
	inform	ation conta	oond to the collection of ained in this form are no nd unless the form disp	t			

 Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

currently valid OMB control number.

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of	5. Ownership Form of Derivative	6. Nature of Indirect Beneficial Ownership (Instr. 5)
		Title	Derivative Security	Security: Direct (D)	

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January 31,

Expires:

response...

Estimated average burden hours per

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Date	Expiration	Amount or	or Indirect
Exercisable	Date	Number of	(I)
		Shares	(Instr. 5)

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
Yung Derek N. C/O EHEALTH, INC. 440 EAST MIDDLEFIELD ROAD MOUNTAIN VIEW, CA 94043	Â	Â	SVP, Chief Financial Officer	Â		
Signatures						
/s/ Scott Giesler as attorney-in-fact for Derek N. Yung			06/06/2018			
**Signature of Reporting Person			Date			
Explanation of Responses:						
* If the form is filed by more than one reporting person see Instruction $5(h)(y)$						

* If the form is filed by more than one reporting person, *see* Instruction 5(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. 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.