FORM 3

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

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL OMB Number 3235-0104 Estimated average burden

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934								hours pe	r response:	0.5
				or Section 3	0(h) of the Investment Company Act of 1940					
1. Name and Address of Reporting Person*     2. Date of Event Requiring Statement (Month/Day/Year)       03/08/2018				g Statement	3. Issuer Name <b>and</b> Ticker or Trading Symbol <u>eHealth, Inc.</u> [ EHTH ]					
(Last) (First) (Middle) C/O EHEALTH INC. 440 EAST MIDDLEFIELD ROAD				4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X Officer (give title below)	10% Owner Other (specify below)		5. If Amendment, Date of Original Filed (Month/Day/Year)     6. Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person			
(Street) MOUNTAIN VIEW	TAIN VIEW CA 94043				Chief Technology O	fficer		Form filed by More than One Reporting		
(City)	(State)	(Zip)								
			Tabl	e I - Non-De	erivative Securities Beneficially Owned	I				
1. Title of Security (Instr. 4)					2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Fo (D) or Indirect (I)			ficial Ownership (Instr. 5)	
Common Stock				2,245	D					
					vative Securities Beneficially Owned warrants, options, convertible securitie	es)				
1. Title of Derivative Security (Instr. 4) 2. Date Exercisable Expiration Date (MonthDay/Year)				Date	3. Title and Amount of Securities Underlying Der (Instr. 4)	Exercise F of Derivati		ice Form: Direct (D		ial
			Date Exercisable	Expiration Date	Title	Amount or Number of Shares	- Security			
Stock Option (right to	buy)		(1)	07/18/2024	Common Stock	9,500	18.6	D		
Explanation of Responses	3:		1					•	•	

Explanation of Responses:
1. Currently 25% vested and exercisable. The option became vested as to 25% of the shares 1 year after February 27, 2017 and 1/48th of the shares upon completion of each month of continuous service thereafter.

Remarks:

<u>/s/ So</u> ott Giesler as attorney-in-fact for Ian J. 03/16/2018 Kalin \*\* Signature of Reporting Person

Date

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 5 (b)(v).

\* Intentional missiatements 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.

POWER OF ATTORNEY The undersigned, as a Section 16 reporting person of eHealth, Inc. (the "Corporation") under the Securities Exchange Act of 1934, as amended (the "Exchange Act"), ht

.. to complete and execute Forms 3, 4 and 5 and other forms and all amendments thereto as such attorney-in-fact shall in his discretion determine to be required ( to do all acts necessary in order to file such forms with the Securities and Exchange Commission, any securities exchange or national association, the Corporat The undersigned hereby ratifies and confirms all that said attorneys in-fact and agents shall do or cause to be done by virtue hereof. The undersigned acknowledges This Power of Attorney shall remain in full force and effect until the undersigned is no longer required to file Forms 3, 4, and 5 with respect to the undersigned's I hereby revoke any and all powers of attorney relating to the foregoing actions that previously have been signed by me. However, the preceding sentence shall not H IN WITNESS WHEREOF, the undersigned has caused this Power of Attorney to be executed as of this 8th day of March, 2018.

Signature: /s/ Ian J. Kalin Print Name: Ian J. Kalin