FORM 4

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

| ngton, D.C. 20549         | OMB APPR    |
|---------------------------|-------------|
| S IN BENEFICIAL OWNERSHIP | OMB Number: |

| <b>STATEMENT</b> | OF ( | CHANGES | INI | RENEFICIAL | OWNERS   |
|------------------|------|---------|-----|------------|----------|
| SIAIEMENI        | UF 1 | CHANGES | 111 | DENEFICIAL | CAMINERS |

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

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* <u>Janofsky Christine A</u>   |  |             | 2. Issuer Name <b>and</b> Ticker or Trading Symbol eHealth, Inc. [ EHTH ] |         |   |   |                                |                                 |                 | (Che  | ck all app                                 | ionship of Reporti<br>all applicable)<br>Director<br>Officer (give title   |   | rson(s) to Is<br>10% Ov<br>Other (s | wner   |  |     |  |  |
|--|--|-------------|---|---------|---|---|--------------------------------|---------------------------------|-----------------|---|--|--|---|-------------------------------------|--|--|-----|--|--|
|  | (Fir<br>EALTH, IN  | c.          | /liddle)  |         |   | . Date of Earliest Transaction (Month/Day/Year) 0/10/2022 |                                |                                 |                 |   |  | X  | below   |                                     |  | below)   | . , |  |  |
| 2625 AUGUSTINE DRIVE, SUITE 150  |  |             |   |         |   |   |                                |                                 |                 |   |  |  |   |                                     |  |  |     |  |  |
| (Street)<br>SANTA<br>CLARA   | CA   | <b>4</b> 9. | 5054  |         | 4. If Amendment, Date of Original Filed (Month/Day/Year)                                |   |                                |                                 |                 | 6. Inc<br>Line)                             | Form                                       | idual or Joint/Group Filing (Check Applicable  Form filed by One Reporting Person  Form filed by More than One Reporting  Person |   |                                     | on   |  |     |  |  |
| (City)   | (Sta   | ate) (Z     | Ľip)  |         |   |   |                                |                                 |                 |   |  |  |   |                                     |  |  |     |  |  |
|  |  | Table       | I - Nor   | -Deriva | tive S  | Secui   | rities                         | Acq                             | uired,          | Dis   | posed of                                   | , or E   | 3enef   | icial                               | ly Own   | ed   |     |  |  |
| 1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)  |  |             | Execution Date,   |         | 3. Transaction Code (Instr. 8)  4. Securities Acquired (ADisposed Of (D) (Instr. 3)  5) |   |                                | 3, 4 and Secur<br>Benef<br>Owne |                 | rities F<br>eficially (E<br>ed Following (I |  | n: Direct<br>r Indirect<br>istr. 4)  | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership |                                     |  |  |     |  |  |
|  |  |             |   |         |   | Code  | v                              | Amount                          | (A)<br>(D)      | or Pi                                       | ice  |  | nsaction(s)<br>str. 3 and 4)                        |                                     |  | (Instr. 4)   |     |  |  |
| Common Stock 10/10   |  |             |   | 10/10/2 | 2022  |   | F <sup>(1)</sup>               |                                 | 1,366           | I   | ) {  | 3.15   | 5 96,786  |                                     |  | D  |     |  |  |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |  |             |   |         |   |   |                                |                                 |                 |   |  |  |   |                                     |  |  |     |  |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)  | erivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any |             | 4.<br>Transaction<br>Code (Instr.<br>8)                                   |         | 5. Nu<br>of<br>Deriv<br>Secu<br>Acqu<br>(A) or<br>Dispo<br>of (D)<br>(Instr<br>and 5    | rities<br>ired<br>sed                                     | Expiration Date (Month/Day/Yes |                                 | ate Amount of   |   | 8. Price or Derivative Security (Instr. 5) |  | ve derivative<br>Securities                         |                                     | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |     |  |  |
|  |  |             |   |         | Code  | v   | (A)                            | (D)                             | Date<br>Exercis | able  | Expiration<br>Date                         | Title  | Amou<br>or<br>Numb<br>of<br>Share                   | er                                  |  |  |     |  |  |

## **Explanation of Responses:**

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

## Remarks:

/s/ Sonwha Lee as attorney-infact for Christine A. Janofsky

10/12/2022

\*\* 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 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.