FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20549
-------------	------------

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 Estimated average burden hours per response: 0.5

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*					2. Issuer Name and Ticker or Trading Symbol eHealth , Inc. [EHTH]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Flanders Scott N					Cricain, mc. [Ellin]								X	Direct	or	10% Owner			
											X			e title		ther (speci	fy		
(Last)	(Fir	3. Da	3. Date of Earliest Transaction (Month/Day/Year)								Delow)				below)				
C/O EHEALTH, INC.				06/2	06/28/2020								Chief Executive Officer						
2625 AUGUSTINE DRIVE, SECOND FLOOR																			
(Street)				4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable						
SANTA	SANTA												X Form filed by One Reporting Person						
CLARA	CA	A 9	5054	1									Form filed by More than One Reporting						,
				1									Person						
(City)	(City) (State) (Zip)																		
		Table	I - Non-Deriva	tive S	Secu	rities	Acq	uired,	, Dis	posed	of, or	Benefi	cially	Own	ed				
1. Title of	Security (Inst	tr. 3)		Deeme		3.			ecurities A				ount of			6. Ownership 7. Nature			
Date (Month/Day/Year)				Execution Date,			saction e (Instr.	Disp 5)	oosed Of (I	sed Of (D) (Instr. 3, 4 and			rities ficially		Form: Direct (D) or		Indirect Beneficial		
			` '	(Month/Day/Year)								Owned Following			indirect (I) (Instr. 4)		Ownership (Instr. 4)		
										10			Reported Transaction(s)		.,	(111541.4)		,	
							Code	e V	Amo		(A) or (D)	Price		. 3 and 4					
Common Stock 06/28/2020						F		14,874(1)		D	\$91.28	682,772 ⁽²⁾		2)	D				
																	Į	JTMA	
Common Stock												3,000			I		Accounts For		
																	Grandchildren		
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
(e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of Derivative	2. Conversion	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date,	4. Transa	action	5. Nur		6. Date Expirat		Exercisable and on Date		Fitle and nount of		rice of vative		umber of vative	10. Owne		Nature ndirect
Security (Instr. 3)	or Exercise Price of		if any (Month/Day/Year)	Code (8)	Code (Instr.		ative rities	tive (Month/Day/Year)				curities derlying		urity tr. 5)		urities eficially	Form: Direct		Beneficial Ownership
Derivative			(•,	0)		ired	Deri				rivative	' '		Own	Owned		irect (Ins	str. 4)
	Security					(A) or Disposed						curity (Insti nd 4)	.		Reported		(I) (Ins	str. 4)	
			of (D) (Instr								Transaction(s) (Instr. 4)								
					and 5)			_			-								
								Amoun	t										
								Data		Francisco :	_	Numbe	r						
				Code	v	(A)			of e Shares										

Explanation of Responses:

- 1. Represents the withholding of shares to satisfy tax withholding obligation.
- 2. Total amount of shares beneficially owned includes shares deferred upon vesting of certain restricted stock units. The deferred shares will be settled in accordance with the terms of the deferral election.

Remarks:

/s/ Scott Giesler as attorneyin-fact for Scott N. Flanders

06/30/2020

** 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.