FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT	OF CHAI	NGES IN	BENEFICIAL	OWNERSHIP
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OMB APPROVAL										
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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

Name and Address of Reporting Person* Ratkovic Gregg R				2. Issuer Name and Ticker or Trading Symbol eHealth, Inc. [EHTH]									(Che	ck all applic	pplicable)		Person(s) to Issuer 10% Owner Other (specify		
(Last) (First) (Middle) C/O EHEALTH, INC. 2625 AUGUSTINE DRIVE, SECOND FLOOR				3. Date of Earliest Transaction (Month/Day/Year) 07/21/2020									,	X Office (give fine Other (specify below) SVP, Carrier/Bus. Dev.					
(Street) SANTA CLARA CA 95054 (City) (State) (Zip)					4. If Amendment, Date of Original Filed (Month/Day/Year)								Line)	X Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Tabl	e I - Non-l	Deriva	ative	Sec	curities	Acc	quired,	Dis	posed o	f, or E	Bene	ficiall	y Owned				
1. Title of Security (Instr. 3) 2. Transa Date (Month/D			Execution Day/Year) if any		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Disposed (Code (Instr. 5)		ies Acquired (A) I Of (D) (Instr. 3, 4			5. Amour Securitie Beneficia Owned F Reported	s Illy ollowing	Form	: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
							Code	v	Amount	(A) or (D)		Price	Transacti	ion(s)					
Common Stock 07/21/				/2020			A ⁽¹⁾		5,000 A		\$ <mark>0</mark>	12,160			D				
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution D if any (Month/Day/	Date,	4. Transaction Code (Instr. 8)		n of E		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	s Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership ct (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	0 0	Amount or Number of Shares					
Performance Stock Unit	\$0.0	07/21/2020			A		5,000		(2)	(07/21/2024	Comm Stock		5,000	\$0	5,000		D	

Explanation of Responses:

- 1. This represents an award of restricted stock units. Each unit represents a contingent right to receive one share of the company's common stock upon vesting. The restricted stock units vest in four equal annual installments from the vesting commencement date of July 21, 2020, subject to the individual continuing to provide services to the company through the applicable vesting date
- 2. The performance-based restricted stock units are eligible to vest during a four-year performance period following the award's grant date. One third of the shares subject to the performance-based restricted stock units is eligible to vest if the company's 30-day average closing stock price traded at or above \$146.70, \$158.44 and \$176.04, respectively. Once a price threshold is achieved, the portion of the award related to that threshold will vest one year later, subject to the individual continuing to provide services to the company through the applicable vesting date.

Remarks:

/s/ Scott Giesler as attorney-infact for Gregg R. Ratkovic

** Signature of Reporting Person Date

07/23/2020

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.