FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20549
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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).

## 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*     Flanders Scott N					2. Issuer Name <b>and</b> Ticker or Trading Symbol <b>eHealth, Inc.</b> [ EHTH ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Flanders Scott IV							_	-					X	Director	r		10%	Owner	
													X Officer (girlbelow)			title	Other below	(specify	
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year)								Chief Executive Officer				'		
C/O EHEALTH, INC.				03/3	03/31/2020								Cilier 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												Line)  X Form filed by One Reporting Person						
CLARA	CA	Λ 9	5054										, , ,						
													Form filed by More than One Reporting Person						
(City)	(City) (State) (Zip)																		
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of		2A. Deemed 3. 4. Securities Acquired (A) or								5. Amount of 6. Ownership 7. Nature of									
Date (Month/Day/Year)							Transaction Code (Instr.		Disposed Of (D) (Instr. 3, 4 and 5)			Securities Beneficially			orm: Dire D) or		Indirect Beneficial		
(					(Month/Day/Year) 8								Owned Following			ndirect (I) Instr. 4)		Ownership (Instr. 4)	
									Amount (A		<u>.</u> .	Reported Transaction(s)				"			
						Code	e V	Amo		D)	Price	(Instr. 3							
Common Stock 03/31/2020					F <sup>(1)</sup>		3	,099	D	\$140.82	674,	674,260(2)		D					
																	UTI	ИA	
Common Stock											3,000			I		ounts For			
																Gra	ndchildren		
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	ection	5. Nu of	mber	6. Date Exercisable and Expiration Date				Title and nount of	8. Pric Deriva		9. Number of derivative		10. Ownershi	11. Nature of Indirect	
Security (Instr. 3)	or Exercise Price of		if any (Month/Day/Year)	Code (Instr. 8)		Derivative Securities		(Month/Day/Year) Securiti			curities nderlying	Securi (Instr.	ty s	Securit Benefic		Form: Direct (D)	Beneficial Ownership		
(1130.3)	Derivative			Acquired Derivative				erivative	Ι'	´   c	<b>Dwned</b>	d Í þ	or Indirec	t (Instr. 4)					
Security			(A) or Dispos			osed	Security (Insed 3 and 4)					.	R	Reported		(I) (Instr. 4	"		
				of (D) (Instr. 3,				4							Transaction(s) (Instr. 4)				
						and 5				_	Ι.								
										Amoun	t								
								Data .		Numi		Numbe	r						
				Code	v	(A)	(D)			Date	n   Tit	of tle 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

04/01/2020

\*\* 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.