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* Goldberg Michael | | | | | 2. Issuer Name and Ticker or Trading Symbol eHealth, Inc. [EHTH] | | | | | | | | | | ck all app | tionship of Reporting all applicable) Director | | 10% Ov | vner |
|--|--|-------|--------------|---|---|---|---|----------------------------------|------------------|------|--|------------|-----------------------------------|--|---|--|--|--|------------|
| | (Fir EALTH, IN | • | Middle) | ∩∩P | | 3. Date of Earliest Transaction (Month/Day/Year) 06/09/2020 | | | | | | | | | Office below | er (give title | | Other (s below) | specify |
| (Street) SANTA CLARA (City) | CA (Str | A 9 | 5054 Zip) | —————————————————————————————————————— | 4. If A | | | | | | | | | | dividual or Joint/Group Filing (Check Applicable) K Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | | Table | I - Noi | n-Deriva | tive S | Secui | rities | Acq | uired, | Dis | posed of | , or E | 3ene | ficial | ly Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | Execution Date | | | 3. 4. Securitie Transaction Code (Instr. 8) 5. | | | | | | Benefic | ties For cially (D) I Following (I) (| | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code | v | Amount | (A) (D) | or F | Price | Transa | action(s) 3 and 4) | | | (Instr. 4) |
| Common | Stock | | | 06/09/ | 2020 | | | | A | | 1,631(1) | 1 | A | \$ <mark>0</mark> | 38, | 070(2) | D D | | |
| Common | mon Stock | | | | | | | | | | | 44,419 | | | | By Trust ⁽³⁾ | | | |
| 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) 33. Deemed Execution Date, if any (Month/Day/Year) | | | 4. Transaction Code (Instr. 8) | | of | | 6. Date Expirati (Month/ | on Da | | Amount of Securities Underlying Derivative Security (I 3 and 4) | | str. | . Price of erivative ecurity nstr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | ly Own For Dire or I | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | able | Expiration Date | Title | Amor or Numl of Share | ber | | | | | |

Explanation of Responses:

- 1. This represents an annual award of restricted stock units to the Company's non-employee directors. Each unit represents a contingent right to receive one share of the Company's common stock upon vesting. Subject to the Reporting Person's continuous service with the Company, the restricted stock units will become 100% vested on the day prior to the Company's next annual stockholder meeting approximately one year following the date of grant. The restricted stock units will also become 100% vested if the Company is subject to a change in control before the Reporting Person's service
- 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.
- 3. Shares held by Michael D. Goldberg Family Trust dated June 3, 2011.

Remarks:

/s/ Scott Giesler as attorneyin-fact for Michael D.

06/11/2020

Goldberg

** 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.