FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

wasnington,	D.C.	20549	

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OMB APF	ROVAL								
OMB Number: 3235-028									
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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

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>Francis David K.</u>						2. Issuer Name <b>and</b> Ticker or Trading Symbol <u>eHealth, Inc.</u> [ EHTH ]								Chec	k all application	able)	g Perso	on(s) to Issu 10% Ow Other (s	ner
(Last) (First) (Middle) C/O EHEALTH, INC.						3. Date of Earliest Transaction (Month/Day/Year) 11/15/2018								X	below)	nief Oper	ating	below)	pecify
440 EAST	MIDDLEI	FIELD ROAD																	
(Street)  MOUNTA  VIEW	AIN CA	. 9	4043		4. If	I. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person					
(City)	(Sta	te) (Ž	Zip)																
		Tab	e I - Nor	n-Deriv	ative	Sec	uriti	es Acc	quired	Dis	posed o	f, or Be	nefici	ally	Owned				
Di			Date (Month/Day/Year)		ar) E	2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Disposed Code (Instr. 5)		ies Acquired (A) o Of (D) (Instr. 3, 4				s Illy ollowing	Form	: Direct   I Indirect   E str. 4)   (	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	ount (A) or (D)		ce	Transacti	Transaction(s) (Instr. 3 and 4)			insu. 4)
Common S	Stock			11/15	5/2018				M <sup>(1)</sup>		18,750	18,750 A		\$ <mark>0</mark>	232,252 <sup>(2)</sup>			D	
		Т									osed of, convertib				Owned				
Derivative Conversion D		3. Transaction Date (Month/Day/Year)  (Month/Day/Year)  3. Deeme Execution if any (Month/Day		Date, Transacti Code (Ins							7. Title and Am of Securities Underlying Derivative Sec (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	e s lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amor or Numl of Share	ber					
Performance Stock Unit	\$0.0	11/15/2018			M <sup>(1)</sup>			18,750	(3)		08/16/2020	Common Stock	18,7	50	\$0	0(3)		D	

## **Explanation of Responses:**

- 1. This represents the achievement of a stock price threshold under a performance restricted stock unit granted on 8/16/2016. Each unit represents a contingent right to receive one share of the company's common stock upon vesting. The shares are scheduled to vest on September 17, 2019, subject to the individual continuing to provide services to the company though the vesting date.
- 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. The performance-based restricted stock units are eligible to vest during a four-year performance period following the award's grant date based on the company's stock price trading at certain pre-determined pricethresholds. 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-in-11/16/2018 fact for David K. Francis

\*\* Signature of Reporting Person

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.