F	ORM 4	t i	UNITED	) STA	TES	SE	CURI	TIE	S ANI	DE	XCHA	NGE	CON	/MIS	SION				
		Washington, D.C. 20549												OMB APPROVAL		/AL			
Section 2	iis box if no Ion 16. Form 4 or F ns may continu on 1(b).	orm 5	NT OF CHANGES IN BENEFICIAL OWNE d pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940								ERSH	ΗP	Estim	OMB Number: 3235-0 Estimated average burden hours per response:		0.5			
1. Name and Address of Reporting Person <sup>*</sup> Hannan Timothy C.						2. Issuer Name <b>and</b> Ticker or Trading Symbol <u>eHealth, Inc.</u> [ EHTH ]									k all applica Director Officer (	able)	g Perso	on(s) to Issu 10% Ow Other (sj	wner
(Last) (First) (Middle) C/O EHEALTH, INC. 2625 AUGUSTINE DRIVE, SECOND FLOOP				٤	3. Date of Earliest Transaction (Month/Day/Year) 04/21/2020								X	below)	below) below) Chief Revenue Officer				
(Street) SANTA CLARA CA 95054					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Apline)   X Form filed by One Reporting Persuperson										ting Person			
(City)	(Sta	te) (2	Zip)																
		Tab	le I - Nor	n-Deriv	ative				quired,	Dis	posed of	f, or B	enefi	cially	Owned				
Date					Date Month/Day/Year) i			2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. ) 8)				4 and Securities Beneficially Owned Fol		s Ily ollowing	Form	Direct Indirect Estr. 4)	7. Nature of Indirect Beneficial Ownership
									Code	v	Amount	(A) (D)	or F	Price	Reported Transacti (Instr. 3 a	on(s)			Instr. 4)
Common Stock 04/21					/2020	/2020			A <sup>(1)</sup>		12,500	12,500 A		\$ <mark>0</mark>	58,056			D	
		Т									osed of, onvertib				Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	Date,	4. Transaction Code (Instr. 3)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercis Expiration Dat (Month/Day/Ye		e	7. Title and Am of Securities Underlying Derivative Sec (Instr. 3 and 4)		urity (I	8. Price of Derivative Security Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	e s Ily J	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	or Nu of	nount mber ares					
Performance Stock Unit	\$0.0	04/21/2020					12,500		(2)	Ţ	04/21/2024	Comm Stock		2,500	\$ <mark>0</mark>	12,50	0	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 March 30, 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:**

SEC Form 4

/s/ Scott Giesler, as attorney-in-04/23/2020

fact for Timothy C. Hannan

\*\* 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.