FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									
hours per response:	0.5								

	Check this box if no longer subject
$\Box$	to Section 16. Form 4 or Form 5
$\cup$	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 ar Galimi	2. Issuer Name <b>and</b> Ticker or Trading Symbol eHealth, Inc. [ EHTH ]										lationship of Reporting ck all applicable)  Director			10% Ov	wner				
(Last)	Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 06/10/2023								belov	,		Other (s below) usel & Sec	
2625 AUGUSTINE DRIVE, SUITE 150						4. If Amendment, Date of Original Filed (Month/Day/Year)							ır)	6. Individual or Joint/Group Filing (Check Application)					
(Street) SANTA CLARA CA 95054														X	X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City) (State) (Zip)					Rule 10b5-1(c) Transaction Indication  Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.														
		Table	l - No	n-Deriva	tive S	ecui	rities	Acq	uired,	Dis	osed of	f, or	Benef	ficiall	y Owr	ned			
1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day					y/Year) Exec		Deemed cution Date, ly nth/Day/Year)		Transaction Disposed Code (Instr. 5)		ties Acquired (/ I Of (D) (Instr. 3			5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
								Code	v	Amount	(A)	or Pr	rice	Reported Transaction(s) (Instr. 3 and 4)					
Common Stock 06/10/2						2023			F <sup>(1)</sup> 6,868		]	D \$	9.45	11	15,676		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)  (Month/Day/Year)  3. Deemed Execution Date, if any (Month/Day/Year)  (Month/Day/Year)  4. Transaction Code (Instr. 8)  Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)				vative rities rired r osed ) r. 3, 4	6. Date Exercisable and Expiration Date (Month/Day/Year)  7. Title a Amount Securitie Underlyi Derivatii Security (Instr. 3					De Se (In:	Price of erivative ecurity istr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)			
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amou or Numb of Shares	er					

## Explanation of Responses:

1. Represents the withholding of shares to satisfy tax withholding obligation.

## Remarks:

/s/ Sonwha Lee, as attorneyin-fact for Gavin G. Galimi

06/12/2023

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.