FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Check this box if no long Form 4 or Form 5 obliga Instruction 1(b).	er subject to Se tions may conti	ection 16. nue. See		Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940										Estimated average burden hours per response: 0				
1. Name and Address of Reporting Person SOISTMAN FRANCIS S JR					2. Issuer Name and Ticker or Trading Symbol <u>eHealth, Inc.</u> [EHTH]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner				
(Last) EHEALTH, INC. 2625 AUGUSTINE E					3. Date of Earliest Transaction (Month/Day/Year) 07/10/2022									X Officer (give title below) Other (specify below) Chief Executive Officer				
(Street) SANTA CLARA	SANTA CLARA CA 95054				4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Indivi X	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(State)	(Zij	Table I -	Non-De	erivativ	e Securi	ties Acc	uired,	Disp	osed of	, or Be	neficially	y Owned					
D				Date	insaction th/Day/Yea	Executi			3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Dispos (D) (Instr. 3, 4 and 5)			Beneficially Ow Following Repo		Direct (D		7. Nature of Indirect Beneficial
l l'					-	(Month/	(Month/Day/Year)		v	Amount		(A) or (D)	Price	Transaction(s) (I and 4)	instr. 3	3		Ownership (Instr. 4)
Common Stock						7/10/2022		F ⁽¹⁾		11,757		D	\$8.71	365,46	5		D	
			Table			Securitie calls, wa						ficially C rities)	Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)		4. Trans Code (In		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		Ð	7. Title and Amount of Se Underlying Derivative Set 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Numb derivativ Securitie Benefici Owned Followin	ve C es F ially (10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
								Date Expiration Exercisable Date			Ar Nu Title Sh		Amount or			eported ansaction(s) hstr. 4)		

Explanation of Responses:

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

Remarks:

EXHIBIT LIST: EX-24 Soistman Power of Attorney 2022

/s/ Sonwha Lee as attorney-in-fact for Francis S. Soistman

** Signature of Reporting Person

07/12/2022 Date

OMB APPROVAL

3235-0287

OMB Number

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.

POWER OF ATTORNEY

The undersigned, as a Section 16 reporting person of eHealth, Inc. (the "Corporation") under the Securities Exchange Act of 1934, as amended (

.. to complete and execute in the undersigned's name and on the undersigned's behalf, and submit to the Securities and Exchange Commission a Fe .. to complete and execute Forms 3, 4 and 5 and other forms and all amendments thereto as such attorney-in-fact shall in his or her discretion .. to do all acts necessary in order to file such forms with the Securities and Exchange Commission, any securities exchange or national assoc:

The undersigned hereby ratifies and confirms all that said attorneys in-fact and agents shall do or cause to be done by virtue hereof. The under

This Power of Attorney shall remain in full force and effect until the undersigned is no longer required to file Forms 3, 4, and 5 with respect I hereby revoke any and all powers of attorney relating to the foregoing actions that previously have been signed by me. However, the preceding

IN WITNESS WHEREOF, the undersigned has caused this Power of Attorney to be executed as of June 15, 2022.

Signature: /s/ Francis S. Soistman Jr.

Print Name: Francis S. Soistman Jr.