FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, D.C. 20549 | OMB APPROVAL | | | |
|---|--------------------------|-----------|--|--|
| STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP | OMB Number: | 3235-0287 | | |
| OTATEMENT OF OTTANGED IN BEITE FOILE OWNERORIII | Estimated average hurden | | | |

hours per response:

0.5

| Check this box if no longer subject |
|-------------------------------------|
| to Section 16. Form 4 or Form 5 |
| obligations may continue. See |
| Instruction 1(b). |

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* | | | | | 2. Iss | Issuer Name and Ticker or Trading Symbol | | | | | | | | | Relationship of Reporting Person(s) to Issuer | | | | | |
|--|---|-------|----------|---|--|--|--------|--|------------------|--|------------|--|---|--|---|--|--|---------------|---------|--|
| Galimi Gavin G. | | | | eHealth, Inc. [EHTH] | | | | | | | | (0 | Check | all app Direc | , | | 10% O | wner | | |
| | | | | | Date of Earliest Transaction (Month/Day/Year) | | | | | | | | - | X | Officer (give title below) | | | Other (below) | specify | |
| (Last) (First) (Middle) C/O EHEALTH, INC. | | | | | 01/1 | 01/10/2024 | | | | | | | | | SVP, General Counsel & Sec | | | | r. | |
| 13620 RANCH ROAD 620, SUITE A250 | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) | , | | | | | | | | | | | | | X | | filed by One Reporting Pers filed by More than One Rep on | | | | |
| (City) | 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 satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | | | nded to | | | | | | | | | |
| | | Table | I - Noi | n-Deriva | tive S | Secui | rities | Acq | uired, | Dis | osed of | , or B | enefic | ially | Own | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | Execution (y/Year) if any | | ution Date, | | | | es Acquired (A) Of (D) (Instr. 3, | | and Securit Benefit Owned | | ties cially I Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | Code | v | Amount | (A) (D) | or Price | | | ted action(s) 3 and 4) | | | (Instr. 4) | | |
| Common Stock 01/ | | | | | 2024 | | | | F ⁽¹⁾ | | 961 | D | \$7. | .79 | 79 111,659 | | | D | | |
| | | Tal | | | | | | | | | osed of, o | | | | Owne | d | | | | |
| 1. Title of Derivative Security (Instr. 3) | tive Conversion Date Execution Date, or Exercise (Month/Day/Year) if any | | on Date, | 4. Transaction Code (Instr. 8) | | of I | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4) | | Der Sec (Ins | rice of ivative curity etr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | e ally g | 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 | Amount or Number of Shares | | | | | | | | |

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

01/12/2024

** 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.