## FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average	e burden								

0.5

hours per response:

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 S	Section	on 30(h)	of the I	nvestmer	it Con	npany Act	of 19	40								
1. Name and Address of Reporting Person*  Flanders Scott N				2. Issuer Name and Ticker or Trading Symbol eHealth, Inc. [EHTH]								5 (0	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)								
Flander	s Scott in	•						<u> </u>							X Director 10% C			wner			
(Last) (First) (Middle) C/O EHEALTH, INC. 440 EAST MIDDLEFIELD RD.						3. Date of Earliest Transaction (Month/Day/Year) 06/04/2015											fficer (give title elow)		Other (below)	specify	
440 L/13	1 WIIDDEL	TILLD RD.			4 If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable						
(Street) MOUNT	AIN CA	A 9	94043			, , , , ,	and ment	, Date o	. Origina	T IICG	(Monar De	29, 10	.a.y		ine)	Forn	n filed by One	e Rep	orting Pers	on	
(City)	(St	ate) (	Zip)																		
		Tabl	e I - Nor	n-Deriv	ative	Se	curitie	s Acc	quired,	Dis	posed o	f, o	r Ber	efici	ally	Owne	ed				
1. Title of Security (Instr. 3)  2. Transa Date (Month/D.			Day/Year)   Ex		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Disposed Code (Instr. 5)		ities Acquired (A d 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				
									Code	v	Amount		(A) or (D)		e	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common	Stock			06/04	l/ <b>201</b> 5			A <sup>(1)</sup> 11,877 A \$0 45,473 D													
		Та	ıble II - [								sed of, onvertib					vned					
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,	Date, Transaction Code (Ins				6. Date E Expiratio (Month/D	n Date	е	7. Title and Amount of Securities Underlying Derivative Security (Instrand 4)		ĺ	Deri Secu	Price of rivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Ownership Form:	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	or Nu of	mber							

#### **Explanation of Responses:**

1. This represents an annual award of restricted stock units to our non-employee directors. Each unit represents a contingent right to receive one share of the Issuer's common stock upon vesting. Subject to the Reporting Person's continuous service with the Issuer, the restricted stock units will become 100% vested on the day prior to the Issuer's next annual stockholder meeting approximately one year following the date of grant. The restricted stock units will also become 100% vested if the Issuer is subject to a change in control before the Reporting Person's service terminates.

### Remarks:

/s/ Jennifer Cashio, as attorneyin-fact for Scott N. Flanders

\*\* 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).

(A) (D)

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.