## FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPR                 | OVAL      |  |  |  |  |  |  |  |
|--------------------------|-----------|--|--|--|--|--|--|--|
| OMB Number:              | 3235-0287 |  |  |  |  |  |  |  |
| Estimated average burden |           |  |  |  |  |  |  |  |
| 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).

# 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 and Address of Reporting Person*  Shaughnessy William T  |   |         |           |          | 2. Issuer Name <b>and</b> Ticker or Trading Symbol <u>eHealth, Inc.</u> [ EHTH ] |   |   |                  |  |       |   |   |             | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) |  |   |   |  |  |  |
|--|---|---------|-----------|----------|--|---|---|------------------|--|-------|---|---|-------------|---|--|---|---|--|--|--|
| Jilaugii   | 11C33y VVI  | mani i  |           |          |  |   |   |                  |  |       |   |   |             |   | X  | Direc   |   |  | Owner  |  |
| (Last)   | (Fi   | rst) (  | Middle)   |          |  |   |   |                  |  |       |   |   |             | $\dashv$  | X  | Office  | er (give title<br>v)  | Othe<br>belov  | r (specify<br>v)   |  |
| C/O EHEALTH, INC.  |   |         |           |          |  | 3. Date of Earliest Transaction (Month/Day/Year) 01/15/2014 |   |                  |  |       |   |   |             |   | President and COO  |   |   |  |  |  |
| 440 EAST MIDDLEFIELD ROAD  |   |         |           |          |  |   |   |                  |  |       |   |   |             |   |  |   |   |  |  |  |
|  |   |         |           |          | 4 16   |   |   |                  |  |       |   |   |             |   |  |   |   |  |  |  |
| (Street)   |   |         |           |          | 4. 17  | 4. If Amendment, Date of Original Filed (Month/Day/Year)    |   |                  |  |       |   |   |             |   | Individual or Joint/Group Filing (Check Applicable Line) |   |   |  |  |  |
| MOUNT.<br>VIEW   | AIN CA  | A 9     | 94043     |          |  |   |   |                  |  |       |   |   |             |   | X  | Form  | filed by One  | e Reporting Pe   | rson   |  |
| VIEW   |   |         |           |          |  |   |   |                  |  |       |   |   |             |   |  | Form filed by More than One Reporting<br>Person       |   |  |  |  |
| (City)   | (St   | ate) (2 | Zip)      |          |  |   |   |                  |  |       |   |   |             |   |  |   |   |  |  |  |
|  |   | Tabl    | e I - Nor | n-Deriva | ative  | Sec   | uritie  | s Acq            | juired,  | Dis   | posed o                                 | f, or   | Bene        | eficia  | lly O  | wne   | d   |  |  |  |
| 1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)  |   |         |           |          | ay/Year)   Exe   |   | A. Deemed<br>kecution Date,<br>any<br>lonth/Day/Year) |                  | Transaction Disposed Code (Instr. 5)                           |       | ies Acquired (A)<br>Of (D) (Instr. 3, 4 |   |             | and Secu<br>Bene  |  | cially<br>I Following                                 | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4)   | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4)        |  |  |
|  |   |         |           |          |  |   |   |                  | Code   | v     | Amount                                  | (A<br>(D  | A) or<br>D) | Price   | 1  | Transa  | ction(s)<br>3 and 4)  |  | (IIISU. 4)   |  |
| Common Stock 01/15/2   |   |         |           |          | 2014   |   |   | F <sup>(1)</sup> |  | 1,440 |   | D \$61  |             | 64 24,815   |  | 4,815   | D   |  |  |  |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |   |         |           |          |  |   |   |                  |  |       |   |   |             |   |  |   |   |  |  |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)  | rivative Conversion Date Execution Date (Month/Day/Year) Execution Date |         |           | Date, 1  | 4.<br>Transaction<br>Code (Instr.<br>8)  |   | of  |                  | 6. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year) |       |   | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Instr.<br>and 4) |             | str. 3  | 8. Prio<br>Deriva<br>Secur<br>(Instr.                    | vative (urity 5 in 5 in 6 in 6 in 6 in 6 in 6 in 6 in | 9. Number of<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s<br>(Instr. 4) | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |
|  |   |         |           |          | Code   | v   | (A)   |                  | Date<br>Exercisa   |       | Expiration<br>Date                      | Title   | or          | ount<br>nber<br>res   |  |   |   |  |  |  |

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

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

### Remarks:

/s/ Jennifer Cashio, as attorney-

in-fact for William T.

01/17/2014

**Shaughnessy** 

\*\* 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.