FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	IN BENEFICIAL	<b>OWNERSHIP</b>

l	OMB APPRO	VAL
	OMB Number:	3235-0287
l	Estimated average burde	en
l	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

1. Name and Address of Reporting Person*  Oliver Jack L III						2. Issuer Name <b>and</b> Ticker or Trading Symbol <u>eHealth, Inc.</u> [ EHTH ]									all applic	cable) or		rson(s) to Issuer  10% Owner	
(Last) (First) (Middle) C/O EHEALTH, INC. 440 EAST MIDDLEFIELD ROAD					11/	/25/20	13			`	th/Day/Year)			Officer (give title below)		Other (spe below)			
(Street)  MOUNTAIN VIEW  CA 94043			_   4. l <sup>·</sup> _	4. If Amendment, Date of Original Filed (Month/Day/Year)									ividual or Joint/Group Filing (Check Form filed by One Reporting Pe Form filed by More than One R Person			orting Perso	rson		
(City)	(SI	ate)	(Zip)																
		Tab	le I - 1	Non-Deriv	vative	e Sec	uriti	ies A	cquire	d, D	isposed c	of, or B	enefici	ally (	Owned	1			
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Y				Execution Date,		Date,	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and			Benefic Owned		ies Fo cially (D Following (I)		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership		
							Code	v	Amount	(A) or (D)	Price			ed ction(s) 3 and 4)			(Instr. 4)		
Common Stock 11/25/201					013	13		<b>M</b> <sup>(1)</sup>		5,000	A	\$8.8	8 38		8,945		D		
Common Stock 11/25/202			013	.3		S <sup>(1)</sup>		5,000	D	\$44.22	2295 <sup>(2)</sup>		33,945		D				
		Т	able								sposed of, , converti				wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transa Code ( 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		De Se (In	Price of rivative curity str. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exerci	sable	Expiration Date	Title	Amoun or Numbe of Shares	er					
Employee Stock Option (right to	\$8.8	11/25/2013			M <sup>(1)</sup>			5,000	(3	)	12/15/2015	Common Stock	5,000		\$0	5,000		D	

## **Explanation of Responses:**

- 1. This transaction was effected pursuant to a Rule 10b5-1 trading plan.
- 2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$43.83 to \$44.96, inclusive. The reporting person undertakes to provide to eHealth, Inc., any security holder of eHealth, Inc., or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the ranges set forth in footnote (2) to this Form 4.
- 3. The option shares become vested as to 25% of the shares one year after December 14, 2005 and 1/48th of the shares upon each month of the director's continuous service thereafter.

## Remarks:

/s/ Jennifer Thompson, as attorney-in-fact for Jack L. Oliver III

11/27/2013

\*\* 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.