

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

☐ 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

| OMB APPROVAL                                 |           |
|----------------------------------------------|-----------|
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|                                                                                                                                                                                                                               |                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Name and Address of Reporting Person*<br><u>HealthCor Management, L.P.</u><br><br>(Last) (First) (Middle)<br><u>152 W. 57TH STREET, 43RD FLOOR</u><br><br>(Street)<br><u>NEW YORK NY 10019</u><br><br>(City) (State) (Zip) | 2. Issuer Name and Ticker or Trading Symbol<br><u>eHealth, Inc. [ EHTH ]</u><br><br>3. Date of Earliest Transaction (Month/Day/Year)<br><u>07/29/2011</u><br><br>4. If Amendment, Date of Original Filed (Month/Day/Year) | 5. Relationship of Reporting Person(s) to Issuer<br>(Check all applicable)<br><br>Director <input checked="" type="checkbox"/> 10% Owner<br><br>Officer (give title below) Other (specify below)<br><br>6. Individual or Joint/Group Filing (Check Applicable Line)<br><br><input checked="" type="checkbox"/> Form filed by One Reporting Person<br><input type="checkbox"/> Form filed by More than One Reporting Person |
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| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned |                                      |                                                    |                                |   |                                                                   |            |                          |                                                                                               |                                                          |                                                       |
|----------------------------------------------------------------------------------|--------------------------------------|----------------------------------------------------|--------------------------------|---|-------------------------------------------------------------------|------------|--------------------------|-----------------------------------------------------------------------------------------------|----------------------------------------------------------|-------------------------------------------------------|
| 1. Title of Security (Instr. 3)                                                  | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) |   | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) |            |                          | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|                                                                                  |                                      |                                                    | Code                           | V | Amount                                                            | (A) or (D) | Price                    |                                                                                               |                                                          |                                                       |
| Common Stock, \$0.001 par value per share                                        | 07/29/2011                           |                                                    | P                              |   | 40,000                                                            | A          | \$12.9272 <sup>(1)</sup> | 2,290,000                                                                                     | I                                                        | See Footnotes <sup>(4)(5)</sup>                       |
| Common Stock, \$0.001 par value per share                                        | 09/30/2011                           |                                                    | P                              |   | 10,000                                                            | A          | \$13.9191 <sup>(2)</sup> | 2,300,000                                                                                     | I                                                        | See Footnotes <sup>(4)(5)</sup>                       |
| Common Stock, \$0.001 par value per share                                        | 10/26/2011                           |                                                    | P                              |   | 50,000                                                            | A          | \$13.9082 <sup>(3)</sup> | 2,350,000                                                                                     | I                                                        | See Footnotes <sup>(4)(5)</sup>                       |

| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned<br>(e.g., puts, calls, warrants, options, convertible securities) |                                                                    |                                            |                                                             |                                      |   |                                                                                                                   |     |                                                                |                    |                                                                                                     |                                        |                                                     |                                                                                                                            |                                                                       |                                                                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|--------------------------------------------|-------------------------------------------------------------|--------------------------------------|---|-------------------------------------------------------------------------------------------------------------------|-----|----------------------------------------------------------------|--------------------|-----------------------------------------------------------------------------------------------------|----------------------------------------|-----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|--------------------------------------------------------------------|
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)                                                                                             | 2. Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year) | 4. Transaction<br>Code (Instr.<br>8) |   | 5. Number<br>of<br>Derivative<br>Securities<br>Acquired<br>(A) or<br>Disposed<br>of (D)<br>(Instr. 3, 4<br>and 5) |     | 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. 3<br>and 4) |                                        | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Number of<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 4) | 10. 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)                                                                                                               | (D) | Date<br>Exercisable                                            | Expiration<br>Date | Title                                                                                               | Amount<br>or<br>Number<br>of<br>Shares |                                                     |                                                                                                                            |                                                                       |                                                                    |

|                                                                                                                                                                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Name and Address of Reporting Person*<br><u>HealthCor Management, L.P.</u><br><br>(Last) (First) (Middle)<br><u>152 W. 57TH STREET, 43RD FLOOR</u><br><br>(Street)<br><u>NEW YORK NY 10019</u><br><br>(City) (State) (Zip)                  |
| 1. Name and Address of Reporting Person*<br><u>HealthCor Associates, LLC</u><br><br>(Last) (First) (Middle)<br><u>152 W. 57TH STREET, 43RD FLOOR</u><br><br>(Street)<br><u>NEW YORK NY 10019</u><br><br>(City) (State) (Zip)                   |
| 1. Name and Address of Reporting Person*<br><u>HealthCor Hybrid Offshore Master Fund, L.P.</u><br><br>(Last) (First) (Middle)<br><u>152 W. 57TH STREET, 43RD FLOOR</u><br><br>(Street)<br><u>NEW YORK NY 10019</u><br><br>(City) (State) (Zip) |

|                                |         |          |
|--------------------------------|---------|----------|
| (Last)                         | (First) | (Middle) |
| 152 W. 57TH STREET, 43RD FLOOR |         |          |
| <hr/>                          |         |          |
| (Street)                       |         |          |
| NEW YORK                       | NY      | 10019    |
| <hr/>                          |         |          |
| (City)                         | (State) | (Zip)    |

|                                            |         |          |
|--------------------------------------------|---------|----------|
| 1. Name and Address of Reporting Person*   |         |          |
| <a href="#">HealthCor Offshore GP, LLC</a> |         |          |
| <hr/>                                      |         |          |
| (Last)                                     | (First) | (Middle) |
| 152 W. 57TH STREET, 43RD FLOOR             |         |          |
| <hr/>                                      |         |          |
| (Street)                                   |         |          |
| NEW YORK                                   | NY      | 10019    |
| <hr/>                                      |         |          |
| (City)                                     | (State) | (Zip)    |

|                                          |         |          |
|------------------------------------------|---------|----------|
| 1. Name and Address of Reporting Person* |         |          |
| <a href="#">HealthCor Group, LLC</a>     |         |          |
| <hr/>                                    |         |          |
| (Last)                                   | (First) | (Middle) |
| 152 W. 57TH STREET, 43RD FLOOR           |         |          |
| <hr/>                                    |         |          |
| (Street)                                 |         |          |
| NEW YORK                                 | NY      | 10019    |
| <hr/>                                    |         |          |
| (City)                                   | (State) | (Zip)    |

|                                          |         |          |
|------------------------------------------|---------|----------|
| 1. Name and Address of Reporting Person* |         |          |
| <a href="#">HEALTHCOR OFFSHORE LTD</a>   |         |          |
| <hr/>                                    |         |          |
| (Last)                                   | (First) | (Middle) |
| 152 W. 57TH STREET, 43RD FLOOR           |         |          |
| <hr/>                                    |         |          |
| (Street)                                 |         |          |
| NEW YORK                                 | NY      | 10019    |
| <hr/>                                    |         |          |
| (City)                                   | (State) | (Zip)    |

|                                               |         |          |
|-----------------------------------------------|---------|----------|
| 1. Name and Address of Reporting Person*      |         |          |
| <a href="#">HEALTHCOR HYBRID OFFSHORE LTD</a> |         |          |
| <hr/>                                         |         |          |
| (Last)                                        | (First) | (Middle) |
| 152 W. 57TH STREET, 43RD FLOOR                |         |          |
| <hr/>                                         |         |          |
| (Street)                                      |         |          |
| NEW YORK                                      | NY      | 10019    |
| <hr/>                                         |         |          |
| (City)                                        | (State) | (Zip)    |

|                                          |         |          |
|------------------------------------------|---------|----------|
| 1. Name and Address of Reporting Person* |         |          |
| <a href="#">HealthCor Capital, L.P.</a>  |         |          |
| <hr/>                                    |         |          |
| (Last)                                   | (First) | (Middle) |
| 152 W. 57TH STREET, 43RD FLOOR           |         |          |
| <hr/>                                    |         |          |
| (Street)                                 |         |          |
| NEW YORK                                 | NY      | 10019    |
| <hr/>                                    |         |          |
| (City)                                   | (State) | (Zip)    |

|                                          |         |          |
|------------------------------------------|---------|----------|
| 1. Name and Address of Reporting Person* |         |          |
| <a href="#">HEALTHCOR L P</a>            |         |          |
| <hr/>                                    |         |          |
| (Last)                                   | (First) | (Middle) |
| 152 W. 57TH STREET, 43RD FLOOR           |         |          |
| <hr/>                                    |         |          |

|          |         |       |
|----------|---------|-------|
| (Street) |         |       |
| NEW YORK | NY      | 10019 |
|          |         |       |
| (City)   | (State) | (Zip) |

Explanation of Responses:

1. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$12.825 to \$13.03, 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 footnotes (1) through (3).
2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$13.90 to \$13.92, inclusive.
3. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$13.70 to \$14.00, inclusive.
4. HealthCor Management, L.P. is the investment manager of Healthcor, L.P., HealthCor Offshore Master Fund, L.P., HealthCor Hybrid Offshore Master Fund, L.P., and HealthCor Long Offshore Master Fund L.P., which are the direct beneficial owners of the securities reported herein. By virtue of their position as feeder funds, HealthCor Offshore, Ltd. and HealthCor Hybrid Offshore, Ltd. may be deemed beneficial owners of the shares of securities owned by HealthCor Offshore Master Fund, L.P., and HealthCor Hybrid Offshore Master Fund, L.P., respectively. The general partner of HealthCor, L.P. is Healthcor Capital, L.P. and the general partner of HealthCor Capital, L.P. is HealthCor Group, LLC. The general partner of Healthcor Offshore Master Fund, L.P. is HealthCor Offshore GP, LLC.
5. (continued from Footnote 4) The general partner of HealthCor Hybrid Offshore Master Fund, L.P. is HealthCor Hybrid Offshore GP, LLC. HealthCor Group, LLC is the general partner of HealthCor Offshore GP, LLC, HealthCor Hybrid Offshore GP, LLC and HealthCor Long Master GP, LLC. HealthCor Long Master GP, LLC is the general partner of HealthCor Long Offshore Master Fund, L.P. HealthCor Associates, LLC is the general partner of HealthCor Management, L.P. and Arthur Cohen and Joseph Healey are the managers of HealthCor Associates, LLC. Each of the Reporting persons disclaim beneficial ownership of any and all such securities in excess of its or their own actual pecuniary interest .

Remarks:

HealthCor Management, L.P. is the designated filer on behalf of the reporting persons listed on Exhibit 99.1, attached hereto. Due to the number of reporting persons, this is one of two Form 4's filed relating to the same securities.

HealthCor Management, L.P.,  
for itself and as manager on  
behalf of (i) HealthCor  
Offshore, Ltd. and (ii)  
HealthCor Hybrid Offshore, 10/31/2011  
Ltd., by HealthCor Associates,  
LLC, its general partner, By:  
/s/ John H. Coghlin , General  
Counsel

HealthCor Associates, LLC,  
By: /s/ John H. Coghlin, 10/31/2011  
General Counsel

HealthCor Hybrid Offshore  
GP, LLC, as general partner on  
behalf of HealthCor Hybrid  
Offshore Master Fund, L.P., by 10/31/2011  
HealthCor Group, LLC, its  
general partner, By: /s/ John H.  
Coghlin , General Counsel

HealthCor Offshore GP, LLC,  
by HealthCor Group, LLC, its 10/31/2011  
general partner, By: /s/ John H.  
Coghlin , General Counsel

HealthCor Group, LLC, By: /s/  
John H. Coghlin, General 10/31/2011  
Counsel

HealthCor Capital L.P., for  
itself and as manager on behalf  
of HealthCor L.P., by 10/31/2011  
HealthCor Group, LLC, its  
general partner, By: /s/ John H.  
Coghlin, General Counsel

\*\* 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.

Exhibit 99.1

1. HealthCor Management, L.P., 152 W. 57th Street, 43rd Floor, New York,  
NY 10019;

2. HealthCor Associates, LLC, 152 W. 57th Street, 43rd Floor, New York,  
NY 10019;

3. HealthCor Hybrid Offshore Master Fund, L.P., 152 W. 57th Street,  
43rd Floor, New York, NY 10019;

4. HealthCor Hybrid Offshore GP, LLC, 152 W. 57th Street, 43rd Floor,  
New York, NY 10019;

5. HealthCor Group, LLC, 152 W. 57th Street, 43rd Floor, New York,  
NY 10019;

6. HealthCor Offshore GP, LLC, 152 W. 57th Street, 43rd Floor,  
New York, NY 10019;

7. HealthCor Offshore, Ltd., 152 W. 57th Street, 43rd Floor,  
New York, NY 10019;

8. HealthCor Hybrid Offshore, Ltd., 152 W. 57th Street, 43rd Floor, New York,  
NY 10019;

9. HealthCor Capital, L.P., 152 W. 57th Street, 43rd Floor, New York,  
NY 10019;

10. HealthCor L.P., 152 W. 57th Street, 43rd Floor, New York,  
NY 10019;

11. Healthcor Offshore Master Fund, L.P., 152 W. 57th Street, 43rd Floor, New York,  
NY 10019;

12. Healthcor Long Offshore Master Fund, L.P., 152 W. 57th Street, 43rd Floor, New York,  
NY 10019;

13. Healthcor Long Master GP, LLC, 152 W. 57th Street, 43rd Floor, New York,  
NY 10019;

14. Arthur Cohen, 152 W. 57th Street, 43rd Floor, New York,  
NY 10019;

15. Joseph Healey, 152 W. 57th Street, 43rd Floor, New York,  
NY 10019;