FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

wasiiiigton,	D.C.	2054

OMB APPROVAL									
OMB Number:	3235-028								
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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 S	Section	30(h)	of the	Invest	ment C	ompany Act	of 1940						
	d Address of ack L III	Reporting Person*							ker or		g Symbol					olicable)	g Person(s) to I	ssuer Owner
(Last) (First) (Middle) C/O EHEALTH, INC. 440 EAST MIDDLEFIELD ROAD						3. Date of Earliest Transaction (Month/Day/Year) 06/12/2014									Offic	er (give title w)	Other below	(specify)
(Street) MOUNTA VIEW (City)	C.		94043 Zip)		4. If	Amen	dment,	Date	of Original Filed (Month/Day/Year)					3. Indiv Line) X	vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person			
		Tabl	e I - 1	lon-Deriv	ative	Sec	uritie	s Ac	quire	ed, Di	sposed o	f, or E	enefici	ally (Owne	ed		
1. Title of Security (Instr. 3) 2. Transactio Date (Month/Day/Y			Execution Date,		_	3. Transaction Code (Instr. 8) 4. Securities Acq Disposed Of (D)		Acquired (A) or D) (Instr. 3, 4 and 5)		5)	5. Amount Securities Beneficial Owned Fo Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership				
									Code	v	Amount	(A) or (D)	Price		Trans	action(s) 3 and 4)		(Instr. 4)
Common	Stock			06/12/20)14				A ⁽¹⁾		4,256	A	\$0		3	38,201	D	
Common	Stock			06/13/20)14				S ⁽²⁾		3,038	D	\$35.09	.0951 ⁽³⁾ 35,163 D				
		Та	ıble II	- Derivat (e.g., pı							osed of, convertib				vned			,
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execu if any	tion Date,	4. Transa Code (8)	Instr.	5. Nu of Deriv Secu Acqu (A) or Dispo of (D) (Instr and 5	ative rities ired osed . 3, 4	Expir (Mon	ration D th/Day/	Year)	7. Title Amoun Securit Under! Derivat Securit and 4)	t of ies ying			9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)

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.
- 2. This transaction was effected pursuant to a Rule 10b5-1 trading plan.
- 3. The price reported in Table I, Column 4 for sales on 6/13/2014 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$34.85 to \$35.69, 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 (3) to this Form 4.

Remarks:

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

06/16/2014

** Signature of Reporting Person

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.