FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Washington, B.O. 20040

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

OMB APPROVAL

OMB Number: 3235-0287
Estimated average burden
hours per response: 0.5

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*					2. Issuer Name and Ticker or Trading Symbol eHealth, Inc. [EHTH]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Flanders Scott N					Circuit, IIC. [Billii]									X	Direc	10% Owner		ner		
											X			e title		Other (s	pecify			
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year)										belov	,			below)	
C/O EHEALTH, INC.					07/29/2020									Chief Executive Officer						
2625 AUGUSTINE DRIVE, SECOND FLOOR																				
(Street)				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable						
SANTA													Line) X Form filed by One Reporting Person							
CLARA	CA 95054													Form filed by More than One Reporting						
			.											Person						
(City)	(City) (State) (Zip)																			
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of		2A. Deemed Execution Date, r) if any					4. Securities Acquired (A) or					nount of		6. Owners		7. Nature of				
Date (Month/Day/Ye						Transaction Code (Instr.		Disposed Of (D) (Instr. 3, 4 and 5)				Securities Beneficially			Form: Direct (D) or		Indirect Beneficial			
			<u> </u>	´ (N	lonth/D	ay/Year				,				Owned Following			Indirect (I) (Instr. 4)		Ownership (Instr. 4)	
										Ι (Δ.) or Drice		Reported Transaction(s)			(- γ	
							Cod	de	v /	Amount	(i)		Price		r. 3 and					
Common Stock 07/29/202				0			F ⁽¹	1)		14,874		D	\$69.86	65	653,024 ⁽²⁾		D			
																			UTM/	A
Common Stock														3,000		I		Accounts For		
																		Grandchildren		
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
(e.g., puts, calls, warrants, options, convertible securities)																				
1. Title of Derivative	2. Conversion	3. Transaction Date	3A. Deemed Execution Date,		5. Nur		mber	nber 6. Date Expirat		Exercisable and on Date		7. Title and Amount of			Price of ivative	deri	umber of vative		ership	11. Nature of Indirect
Security (Instr. 3)	or Exercise Price of	(Month/Day/Year)	if any (Month/Day/Year)	Code	(Instr.	Deriv		(Mc	onth/Da	Day/Year)			curities derlying		curity str. 5)		urities eficially	Forn	n: ct (D)	Beneficial Ownership
Derivative Security			<u> </u>	_	Ad (A Di		iired r	I Derivativ					1.	Owr		ed	or In		(Instr. 4)	
	Jecunty						(A) or Disposed		3 and 4)					1		Reported		""	130. 4,	
				(li		of (D) (Instr. 3, 4		1							Transaction(s) (Instr. 4)					
				and 5)		5)							⊣ ∣							
					1								Amoun	t						
								D.	t 0	Expiration			Numbe	r						
				Code	v	(A)	(D)			of e Shares										

Explanation of Responses:

- 1. Represents the withholding of shares to satisfy tax withholding obligation.
- 2. Total amount of shares beneficially owned includes shares deferred upon vesting of certain restricted stock units. The deferred shares will be settled in accordance with the terms of the deferral election.

Remarks:

/s/ Scott Giesler as attorneyin-fact for Scott N. Flanders

07/31/2020

Date

** 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.