FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	DC	205/19
vvasiliilytuii,	D.C.	20049

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

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* <u>Huizinga Stuart</u>						2. Issuer Name and Ticker or Trading Symbol <u>eHealth, Inc.</u> [EHTH]								neck all E	tionship of Reportin all applicable) Director Officer (give title		g Person(s) to Issuer 10% Owner Other (specify		vner
(Last) C/O EHI 440 EAS		3. Date of Earliest Transaction (Month/Day/Year) 05/03/2013												below)	эрсспу				
(Street) MOUNTAIN VIEW CA 94043					4. 11	4. If Amendment, Date of Original Filed (Month/Day/Year)								Mividual or Joint/Group Filing (Check Applicable e) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(5)	-	(Zip)		<u> </u>														
		Tab	le I - N							d, D	isposed c	of, or B	eneficia	lly Ov	vnec	1			
1. Title of Security (Instr. 3)				2. Transact Date (Month/Day		Execu		Date,	3. Transaction Code (Instr. 8)		4. Securities Disposed Of			Benefic Owned		es ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership
									Code	v	Amount	(A) or (D)	Price	Tr	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Common	Common Stock 05/03/202					3		M ⁽¹⁾		5,000	Α	\$2		69,497			D		
Common	Stock			05/03/2	013				S ⁽¹⁾		5,000	D	\$22.425	5 (2)	²⁾ 64,497 D				
Common Stock																6,965			By Trust ⁽³⁾
		Т	able I								posed of, converti			/ Owr	ned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	e (Month/Day/Year)	if any	emed tion Date, n/Day/Year)		ansaction of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exerci Expiration Da (Month/Day/Y		ate	7. Title a Amount Securitie Underlyi Derivativ (Instr. 3 a	of s ng e Security	Deriv Secui	. Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactic (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 Exercis	sable	Expiration Date	Title	Amount or Number of Shares						
Employee Stock Option (right to	\$2	05/03/2013			M ⁽¹⁾			5,000	(4))	06/13/2013	Common Stock	5,000	\$)	0		D	

Explanation of Responses:

- 1. This transaction was effected pursuant to a Rule 10b5-1 trading plan.
- 2. The price reported in Table I, Column 4 for sales on 5/3/2013 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$22.045 to \$22.65, 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. Shares are held by Stuart Mark Huizinga TTEE and Vicki Annece Huizinga TTE, of the Huizinga Revocable Trust U/A Dtd 01/09/1999.
- $4. \ Immediately \ exercisable \ for \ all \ option \ shares. \ The \ option \ shares \ became \ fully \ vested \ on \ 6/13/2007.$

Remarks:

/s/ Jennifer Thompson, as 05/07/2013 attorney-in-fact for Stuart M. **Huizinga**

** 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.