FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL OMB Number:

0.5

Estimated average burden

hours per response:

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

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 * Russell Erin L						2. Issuer Name and Ticker or Trading Symbol <u>eHealth, Inc.</u> [EHTH]									5. Relationship of Reporting Person(s) (Check all applicable) X Director 10%			son(s) to Is	
(Last)	(Fir	st) (N	3. Date of Earliest Transaction (Month/Day/Year) 06/14/2023									Offic belov	er (give title v)		Other (s below)	specify			
C/O EHEALTH, INC. 2625 AUGUSTINE DRIVE, SUITE 150						4. If Amendment, Date of Original Filed (Month/Day/Year)								Lin	e)	ual or Joint/Group Filing (Check Applicable			''
(Street) SANTA CLARA	ANTA CA 95054				Rule 10b5-1(c) Transaction Indication										Form filed by More than One Reporting Person				
(City)	(Sta	ate) (Z	ip)		Check this box to indicate that a transaction was made pursuant satisfy the affirmative defense conditions of Rule 10b5-1(c). See									t to a	contract, ins uction 10.	truction or wr	itten pla	an that is int	ended to
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day					Execution Date,						es Acquired (A Of (D) (Instr. 3,			nd Securi Benefi Owned	cially d ving	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A (D	A) or D)	Price		ted action(s) 3 and 4)			
Common Stock 06/14/20					023				A		24,446 ⁽¹	1)	A	\$0	4	48,703		D	
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of Derivative Security (Instr. 3)	re Conversion Date Execution or Exercise (Month/Day/Year) if any			4. Transaction Code (Instr. 8)		5. Numl of Deriv Secu Acqu (A) of Dispo of (D) (Instr and 5	rative rities ired r osed)	Expiration	Day/Year) Expiration		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4		d 4) unt lber	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		.0. 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 the Company's non-employee directors. Each unit represents a contingent right to receive one share of the Company's common stock upon vesting. The restricted stock units vest in four equal quarterly installments from the vesting commencement date of June 14, 2023, subject to the individual continuing to provide services to the Company through the applicable vesting date; provided, however, that any then-unvested shares shall vest, subject to the individual's continued service through such vesting date, in full on the day immediately prior to the date of the Company's next annual stockholder meeting. The restricted stock units will also become 100% vested if the Company is subject to a change in control before the individual's service terminates.

Remarks:

/s/ Sonwha Lee as attorneyin-fact for Erin L. Russell ** Signature of Reporting Person

06/16/2023

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.