FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington D.C. 20549

| wasnin | gton, | D.C. | 20549 |
|--------|-------|------|-------|
| | | | |

| STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP |
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OMB APPROVAL

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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

| Name and Address of Reporting Person* Shaughnessy William T | | | 2. Issuer Name and Ticker or Trading Symbol <u>eHealth, Inc.</u> [EHTH] | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | | | | | |
|--|---|--------|--|----------------------|--|------|--|--|------------------|---------------|---|-------------|----------------------------------|---|---|--|---|--|--|----------|
| | J | | | | | | | | | | | | | | X | | | | | |
| (Last) | (Fi | ret) (| Middle) | | - | | | | | | | | | \dashv | X | belov | er (give title v) | | Other (below) | (specify |
| (Last) (First) (Middle) C/O EHEALTH, INC. | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/27/2013 | | | | | | | | President and COO | | | | | | | | | |
| 440 EAST MIDDLEFIELD ROAD | | | | | | | | | | | | | | | | | | | | |
| (Street) | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| MOUNTAIN CA 94043 | | | | | | | | | | | X | Form | rm filed by One Reporting Person | | | | | | | |
| VIEW C/1 34043 | | | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | orting | |
| (City) | (St | ate) (| Zip) | | | | | | | | | | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | Execution Day/Year) if any | | cution Date, Transaction | | | | | | | 4 and Secui | | rities Fo ficially (D ed Following (I) | | nership Direct Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | Code | v | Amount | | (A) or (D) | Price | • | Transa | insaction(s) str. 3 and 4) | | | (Instr. 4) | | | |
| Common Stock 03/2 | | | 03/27 | <mark>7/201</mark> 3 | /2013 | | | F ⁽¹⁾ | | 2,349 |) | D | \$17 | 17.8 | | 6,255 | | 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) | perivative Conversion Date Execution Date, iecurity or Exercise (Month/Day/Year) if any | | Date, | | Transaction of Code (Instr. Derivativ | | rative rities ired r osed) | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | е | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | | | | ve derivative Securities | |). wnership orm: rect (D) Indirect (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | or Nur of | ount nber ires | | | | | | |

Explanation of Responses:

1. Represents the withholding of shares to satisfy tax withholding obligation.

Remarks:

/s/ Jennifer Cashio, as attorney-

in-fact for William T.

03/29/2013

Shaughnessy

** 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.