FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
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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 Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* <u>Hannan Timothy C.</u>					2. Issuer Name and Ticker or Trading Symbol eHealth , Inc. [EHTH]								(Ch	eck all applic Directo	able) r	10% Owne		vner
	(Firs ALTH, INC GUSTINE D	,	Middle)	R		3. Date of Earliest Transaction (Month/Day/Year) 06/08/2021							7	Chief Revenue Officer Chief Revenue Officer				specify
(Street)	LARA CA	9.	5054 Zip)		4. If <i>i</i>	4. If Amendment, Date of Original Filed (Month/Day/Year)							Line	dividual or Joint/Group Filing (Check Applicable) Compared to the proof of the pr				
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
Date			2. Transa Date (Month/E	exe (ay/Year) if a		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			5. Amour Securitie Beneficia Owned F Reported	s ally following	Form (D) or	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A) or (D)	Price	Transact (Instr. 3 a	on(s)			
Common Stock 05				05/07	7/2021				A ⁽¹⁾	v	479	A	\$58.6	1 62,	625		D	
Common Stock 06/0				06/08	3/2021				M ⁽²⁾		2,500 A		\$0	65,125			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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)		n of		6. Date E Expiratio (Month/D	n Dat	Amount of		f g Security	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Owners Form: Direct (I or Indire (I) (Instr	Ownership	Beneficial Ownership ct (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amount or Number of Shares					
Performance Stock Unit	\$0.0	06/08/2021			M ⁽²⁾			2,500	(3)		03/17/2025	Common Stock	2,500	\$0	5,000)	D	

Explanation of Responses:

- 1. These shares were acquired under the eHealth, Inc. 2020 Employee Stock Purchase Plan (the "ESPP"). In accordance with the ESPP, these shares were purchased at a price equal to 85% of the closing price of the company's common stock on May 7, 2021.
- 2. This represents the achievement of a stock price threshold under a performance restricted stock unit granted on March 17, 2021. Each unit represents a contingent right to receive one share of the company's common stock upon vesting. The shares are scheduled to vest on April 17, 2022, subject to the individual continuing to provide services to the company though the vesting date.
- 3. The performance-based restricted stock units are eligible to vest during a four-year performance period following the award's grant date based on the company's stock price trading at certain pre-determined price thresholds. Once a price threshold is achieved, the portion of the award related to that threshold will vest one year later, subject to the individual continuing to provide services to the company through the applicable vesting date.

Remarks:

/s/ Scott Giesler, as attorney-in-06/10/2021 fact for Timothy C. Hannan

** 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.