FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE** COMMISSION

Washington, D.C. 20549

OMB APPROVAL									
OMB Number: 3235-028									
Estimated average burden									
hours per response	9: 0.5								

	Check this box if no longer subject
١	to Section 16. Form 4 or Form 5
J	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*  WOLF DALE B					2. Issuer Name <b>and</b> Ticker or Trading Symbol eHealth, Inc. [ EHTH ]									5. Relationship of Reporti (Check all applicable)  X Director				erson(s) to I			
(Last)	(Fii	,	Middl	e)	3. Date of Earliest Transaction (Month/Day/Year) 05/30/2023										Officer (give title below)				(specify		
C/O EHEALTH, INC. 2625 AUGUSTINE DRIVE, SUITE 150					4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person							
(Street) SANTA CLARA	C.F	95054			Dula 10hF 1(a) Traca a ation hadia di										Form filed by More than One Reporting Person						
(City)	(St	ate) (Z	(Zip)				Rule 10b5-1(c) Transaction Indication  Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.														
		Table	I - N	lon-Deriva	tive S	Secu	rities	Acc	quire	d, Di	sposed o	f, or I	Benefic	ially	Owr	ned					
Date			2. Transaction Date (Month/Day/Ye	Execution ear) if any		emed ion Date, /Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4			l and 5)		5. Amount of Securities Beneficially Owned Following		n: Direct or rect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
								-	Code	v	Amount	(A) or (D)	Price	Reporte Transa		ted action(s) 3 and 4)					
Common	Stock		05/30/202						P		10,264	A	\$6.373	35(1) 4		45,264			By Trust <sup>(2)</sup>		
Common	Stock			05/31/202	3				P		2,668	A	\$6.421	L3 <sup>(3)</sup>	47,932				By Trust <sup>(2)</sup>		
Common	Common Stock												52,353		2,353	,353 D					
		Tab	le I	I - Derivativ (e.g., pu							posed of, convertil				Owne	d					
1. Title of Derivative Security (Instr. 3)	Derivative Conversion Date Execution Date Security or Exercise (Month/Day/Year) if any			ecution Date, ny	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expir	ation I	rcisable and Date //Year)	Amou Secur Unde Deriv Secur	rities rlying ative rity . 3 and 4)	Deri Sec	Price of rivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code		(4)	(D)	Date	sicable	Expiration	Title	Amount or Number of								

## **Explanation of Responses:**

- 1. The price reported in Table I, Column 4 is a weighted average price. These shares were purchased in multiple transactions at prices ranging from \$6.35 to \$6.40, 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 purchased at each separate price with the ranges set forth in footnotes (1) and (3) of this Form 4.
- 2. Shares held by the Dale B. Wolf Generation Skipping Trust.
- 3. The price reported in Table I, Column 4 is a weighted average price. These shares were purchased in multiple transactions at prices ranging from \$6.39 to \$6.45, inclusive.

## Remarks:

/s/ Sonwha Lee as attorneyin-fact for Dale B. Wolf

06/01/2023

\*\* 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.