FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average burden								

_	Check this box if no longer subject to Section 16.
- 1	Form 4 or Form 5 obligations may continue. See
_	Instruction 1/h)

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

1. Name and Address of Reporting Person* Russell Erin L					2. Issuer Name and Ticker or Trading Symbol eHealth, Inc. [EHTH]									Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
					3. Date of Earliest Transaction (Month/Day/Year) 06/15/2022									Officer (give	title belov	v)	Other (sp	pecify below)	
(Street) SANTA CLARA CA 95054 (City) (State) (Zip)						4. If Amendment, Date of Original Filed (Month/Day/Year)							- 1	Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
			Table I -	Non-D	erivative	Securi	ities Acc	quired,	Disp	osed of	or Be	neficially	Owned						
Da Da				Date	ansaction	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8) 4. Securities Acquired (A) or Dispos				isposed Of	Beneficially Ov		Direct (7. Nature of Indirect		
[(Mon	th/Day/Year			Code	v	Amount		(A) or (D) Price		Following Repor Transaction(s) (I and 4)				Beneficial Ownership (Instr. 4)	
Common Stock				06	/15/2022			A		16,50	60 ⁽¹⁾	A	\$ <mark>0</mark>	\$ 0 24,257 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		Execution Date, if any (Month/Day/Year)	4. Trans Code (Ir	nstr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisa Expiration Date (Month/Day/Yea		Underlying Derivative Se				8. Price of Derivative Security (Instr. 5)	9. Num derivat Securit Benefic Owned Follow	tive ties cially	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
	Security			Code	V (A) (D)			Date Exercisa		Expiration Nu			Amount or Number of Shares		Report	ed ction(s)			

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. Subject to the Reporting Person's continuous service with the Company, the restricted stock units will become 100% vested on the day prior to the Company's next annual stockholder meeting approximately one year following the date of grant. The restricted stock units will also become 100% vested if the Company is subject to a change in control before the Reporting Person's service terminates.

Remarks:

/s/ Julian Hwang as attorney-in-fact for 06/17/2022

Erin Russell ** 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.

POWER OF ATTORNEY

The undersigned, as a Section 16 reporting person of eHealth, Inc. (the "Corporation") under the Securities Exchange Act of 1934, as amended (

.. to complete and execute in the undersigned's name and on the undersigned's behalf, and submit to the Securities and Exchange Commission a Fo. to complete and execute Forms 3, 4 and 5 and other forms and all amendments thereto as such attorney-in-fact shall in his or her discretion

.. to do all acts necessary in order to file such forms with the Securities and Exchange Commission, any securities exchange or national associ

The undersigned hereby ratifies and confirms all that said attorneys in-fact and agents shall do or cause to be done by virtue hereof. The undersigned of Attorney shall remain in full force and effect until the undersigned is no longer required to file Forms 3, 4, and 5 with respect I hereby revoke any and all powers of attorney relating to the foregoing actions that previously have been signed by me. However, the preceding IN WITNESS WHEREOF, the undersigned has caused this Power of Attorney to be executed as of June 16, 2022.

Signature: /s/ Erin L. Russell

Print Name: Erin Russell