FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

						,	vestment company Act of 1546							
1. Name and Address Russell Erin L	of Reporting Person*			Event Requir t (Month/Day/)21			Name and Ticker or Trading Symboth, Inc. [EHTH]	ool						
(Last) C/O EHEATH IN		(Middle)				Relationship of Reporting Person(s) to Issuer (Check all applicable) V Director 10% Owner					5. If Amendment, Date of Original Filed (Month/Day/Year)			
2625 AUGUSTIN (Street)	2625 AUGUSTINE DRIVE, SECOND FLOOR (Street)					X Director Officer (give title below)		Other (specify be		below)	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person			
SANTA CLARA	CA	95054										Form filed by N	More than One Reporting Person	
(City)	(State)	(Zip)												
Table I - Non-Derivative Securities Beneficially Owned														
1. Title of Security (Instr. 4)				2. Amount Owned (In	t of Securities Beneficially astr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Nature of Indirect Beneficial Ownership (Instr. 5)						
Common Stock					767	D ⁽¹⁾								
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)														
1. Title of Derivative Security (Instr. 4) 2. Date Exercisable Expiration Date (Month/Day/Year)			ate	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4) 4. Convers or Exerc			cise or Indirect (I)		6. Nature of Indirect Beneficial Ownership (Instr. 5)					
			Date Exercisable	Expiration Date	Title		Amou Numb Share	er of	Derivative Security		(Instr. 5)			

Explanation of Responses:

1. The shares are held in a joint account with the reporting person's spouse.

Remarks:

/s/ Scott Giesler as attorney-in-fact for

07/23/2021

Erin Russell ** Signature of Reporting Person

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 5 (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 Forms 3, 4 and 5 and other forms and all amendments thereto as such attorney-in-fact shall in his discretion determ. . 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 July 15, 2021.

Signature: /s/ Erin Russell
Print Name: Erin Russell