FORM 4

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

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL							
OMB Number:	3235-0287						
Estimated average burden							
noure per response:	0.5						

$\Box$	Check this box if no longer subject to Section 16.
	Form 4 or Form 5 obligations may continue. See
$\overline{}$	Instruction 1(h)

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*     Soriano Cesar M					2. Issuer Name <b>and</b> Ticker or Trading Symbol <u>eHealth, Inc.</u> [ EHTH ]								(Check	S. Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner							
																e title below) Other			ecify below)		
(Last) C/O EHEALTH, INC.							3. Date of Earliest Transaction (Month/Day/Year) 06/15/2022								(giro titlo i	20.0117		outor (or	20.017		
2625 AUGUSTINE DRIVE, SECOND FLOOR				L																	
					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Indiv	6. Individual or Joint/Group Filing (Check Applicable Line)							
(Street)	*													X Form filed by One Reporting Person							
SANTA CLARA	CA	95	054											Form filed by More than One Reporting Person							
(City)	(State)	(Zip	o)																		
			Table I -	Non-D	erivative	e Securi	ties Acc	uired,	Disp	osed of	, or Be	neficially	Owned								
Da				Date	e Execution Date, onth/Day/Year) if any		3. Transaction Code (Instr. 8) 4. Securities Acquired (A) or Dispos (D) (Instr. 3, 4 and 5)				isposed Of	Beneficially Own Following Report			ed Direct (D) or		7. Nature of Indirect Beneficial				
ĺ						(Month/Day/Year)		Code	v	Amount		(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)					Ownership (Instr. 4)		
Common Stock				06	/15/2022			Α		16,5	60(1)	A	\$0	19	9,436	6					
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	cise (Month/Day/Year) f ive		4. Trans Code (In	nstr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisab Expiration Date (Month/Day/Year)		Ð	Underlying Derivative Se			8. Price Derivat Securit (Instr. 8	tive de ty Se 5) Be	. Number lerivative securities seneficial owned	Ownership Form: Direct (D) or Indirect (I)	n: Direct r ect (I)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
	Security -			Code	v	(A) (D)		Date Exercisa		Expiration Nu		Amount or Number of Shares		Re	Following Reported Transaction(s) (Instr. 4)		r. 4)				

## **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 Cesar M. Soriano 06/17/2022

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

 $^{\star}$  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 assoc.

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 hereby ratifies and confirms all that said attorneys in-fact and agents shall do or cause to be done by virtue hereof.

This Power 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/ Cesar M. Soriano

Print Name: Cesar M. Soriano