

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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>HealthCor Management, L.P.</u>  (Last) (First) (Middle) <u>152 W. 57TH STREET, 43RD FLOOR</u>  (Street) <u>NEW YORK NY 10019</u>  (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol <u>eHealth, Inc.</u> [ <u>EHTH</u> ]  3. Date of Earliest Transaction (Month/Day/Year) <u>10/28/2013</u>  4. If Amendment, Date of Original Filed (Month/Day/Year)	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner Officer (give title below) <u>X</u> Other (specify below) <u>Former 10% owner</u>  6. Individual or Joint/Group Filing (Check Applicable Line)  Form filed by One Reporting Person <u>X</u> Form filed by More than One Reporting Person
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Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			
Common Stock, \$0.001 par value per share	10/28/2013		S		525,000	D	\$43	1,727,119	I	See Footnote <sup>(1)</sup>

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)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	V	(A)	(D)	Date Exercisable	Expiration Date					

1. Name and Address of Reporting Person* <u>HealthCor Management, L.P.</u>  (Last) (First) (Middle) <u>152 W. 57TH STREET, 43RD FLOOR</u>  (Street) <u>NEW YORK NY 10019</u>  (City) (State) (Zip)
1. Name and Address of Reporting Person* <u>HealthCor Associates, LLC</u>  (Last) (First) (Middle) <u>152 W. 57TH STREET, 43RD FLOOR</u>  (Street) <u>NEW YORK NY 10019</u>  (City) (State) (Zip)
1. Name and Address of Reporting Person* <u>HealthCor Offshore GP, LLC</u>  (Last) (First) (Middle) <u>152 W. 57TH STREET, 43RD FLOOR</u>  (Street)

NEW YORK	NY	10019
(City)	(State)	(Zip)
1. Name and Address of Reporting Person*		
<a href="#">HealthCor Group, LLC</a>		
(Last)	(First)	(Middle)
152 W. 57TH STREET, 43RD FLOOR		
(Street)		
NEW YORK	NY	10019
(City)	(State)	(Zip)
1. Name and Address of Reporting Person*		
<a href="#">HealthCor Offshore Master Fund, L.P.</a>		
(Last)	(First)	(Middle)
152 W. 57TH STREET, 43RD FLOOR		
(Street)		
NEW YORK	NY	10019
(City)	(State)	(Zip)
1. Name and Address of Reporting Person*		
<a href="#">HealthCor Long Master GP LLC</a>		
(Last)	(First)	(Middle)
152 W. 57TH STREET, 43RD FLOOR		
(Street)		
NEW YORK	NY	10019
(City)	(State)	(Zip)
1. Name and Address of Reporting Person*		
<a href="#">HealthCor Long OffShore Master Fund LP</a>		
(Last)	(First)	(Middle)
152 W. 57TH STREET, 43RD FLOOR		
(Street)		
NEW YORK	NY	10019
(City)	(State)	(Zip)
1. Name and Address of Reporting Person*		
<a href="#">Cohen Arthur Bruce</a>		
(Last)	(First)	(Middle)
12 SOUTH MAIN STREET SUITE #203		
(Street)		
NORWALK	CT	06854
(City)	(State)	(Zip)
1. Name and Address of Reporting Person*		
<a href="#">Healey Joseph Patrick</a>		
(Last)	(First)	(Middle)
152 W. 57TH STREET, 43RD FLOOR		
(Street)		
NEW YORK	NY	10019

(City)	(State)	(Zip)
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Explanation of Responses:

1. HealthCor Management, L.P. is the investment manager of HealthCor Offshore Master Fund, L.P. and HealthCor Long Offshore Master Fund L.P., which are the direct beneficial owners of the securities reported herein. The general partner of HealthCor Offshore Master Fund, L.P. is HealthCor Offshore GP, LLC. The general partner of HealthCor Long Offshore Master Fund L.P. is HealthCor Long Master GP, LLC. HealthCor Group, LLC is the managing member of HealthCor Offshore GP, LLC and HealthCor Long Master GP, LLC. HealthCor Associates, LLC is the general partner of HealthCor Management, L.P., and Arthur Cohen and Joseph Healey are the managers of HealthCor Associates, LLC. Each of the reporting persons disclaims beneficial ownership of any and all such securities in excess of its or his own pecuniary interest.

Remarks:

HealthCor Management, L.P.,  
by HealthCor Associates, LLC, 10/28/2013  
its general partner, By: /s/ John  
H. Coghlin , General Counsel  
HealthCor Associates, LLC,  
By: /s/ John H. Coghlin, 10/28/2013  
General Counsel  
HealthCor Offshore GP, LLC,  
for itself and as general partner  
on behalf of HealthCor  
Offshore Master Fund, L.P., by 10/28/2013  
HealthCor Group, LLC, its  
general partner, By: /s/ John H.  
Coghlin , General Counsel  
HealthCor Group, LLC, By: /s/  
John H. Coghlin, General 10/28/2013  
Counsel  
HealthCor Long Master GP,  
LLC, for itself and as general  
partner on behalf of HealthCor  
Long Offshore Master Fund, 10/28/2013  
L.P., by HealthCor Group,  
LLC, its general partner, By:  
/s/ John H. Coghlin , General  
Counsel  
/s/ John H. Coghlin as  
attorney-in-fact for Arthur 10/28/2013  
Cohen  
/s/ John H. Coghlin as  
attorney-in-fact for Joseph 10/28/2013  
Healey

\*\* 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.