SEC For	rm 4																
FORM 4			UNITED STATES SECURITIES AND EXCHANGE COMM Washington, D.C. 20549											ION			DVAL
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).			STA		JT OF CHANGES IN BENEFICIAL OWN pursuant to Section 16(a) of the Securities Exchange Act of 193- or Section 30(h) of the Investment Company Act of 1940							_			Number: ated average bur per response:	3235-0287	
1. Name and Address of Reporting Person [*] Morelock Phillip A					2. Issuer Name and Ticker or Trading Symbol <u>eHealth, Inc.</u> [EHTH]								5. Relationship of Reporting Perse (Check all applicable) Director X Officer (give title below)				10% Owner Other (specify
(Last)(First)(Middle)C/O EHEALTH INC.2625 AUGUSTINE DRIVE, SECOND FLOOD				OOR	3. Date of Earliest Transaction (Month/Day/Year) 08/07/2020								ľ	,	ief Dig	below ital Officer)
(Street) SANTA CLARA	SANTA CA 95054				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 Form filed by More than One Reporting Person				
(City) (State) (Zip)						tive Securities Acquired, Disposed of, or Beneficially Owned											
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)				tion	2A. D Exec if any	eemed ution Date,	a, 3. Transaction Code (Instr.		4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)		d (A) or) or 5. Amoun 4 and Securities Beneficial Owned Fo		ý	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership	
								Code	v	Amount	(A) or (D)	Price	ce Reported Transaction((Instr. 3 and 4				(Instr. 4)
Common Stock 08/07/2					2020			Р		950	A	\$78.	29	30,37	76	D	
		Та	ble II -				ies Acqu varrants,							ned			
1. Title of Derivative Security (Instr. 3)	rivative Conversion Date Execution curity or Exercise (Month/Day/Year) if any			n Date, Transact Code (Ins		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	Expiration Dat		ate	and 7. Title and Amount of Securities Underlying Derivative Security (In 3 and 4)		Derivative Security (Instr. 5)		Number rivative curities neficially ned llowing ported unsaction str. 4)	y Direct (D) or Indirec (I) (Instr. 4	Beneficial Ownershi (Instr. 4)	

Explanation of Responses:

Remarks:

/s/ Scott Giesler as attorneyin-fact for Phillip A. Morelock

Amount or Number of Shares

Title

08/10/2020

** 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).

Code v (A) (D)

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.

Date Exercisable

Expiration Date