FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPRO	VAL							
	OMB Number:	3235-0287							
l	Estimated average burden								
l	hours per response:	0.5							

	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>Kalin Ian Jay</u>						2. Issuer Name and Ticker or Trading Symbol eHealth, Inc. [EHTH]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
						<u> </u>										Direc	ctor		10% O	wner	
(Look) (Fire) (Abidle)							Date of Earliest Transaction (Month/Day/Year)										er (give title v)		Other (below)	specify	
(Last) (First) (Middle) C/O EHEALTH INC.						06/15/2019									Chief Technology Officer						
2625 AUGUSTINE DRIVE, SECOND FLOOR																					
						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)			NEOE 4												X Form filed by One Reporting P					on	
SANTA CLARA CA 95054																Form filed by More than One Reporting Person					
(City)	(St	ate) (Zip)													. 0.0	···				
		Tabl	e I - Nor	า-Deriva	ative	Se	curitie	s Acc	quired,	Dis	posed o	f, o	r Ben	efici	ally	Owne	ed				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da						ır) E	2A. Deemed Execution Date, f any (Month/Day/Year)		Transaction Code (Instr. 5		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)				4 and Sec Ber Ow		ount of ities icially d Following	6. Owner Form: Di (D) or Inc (I) (Instr.	rect irect	7. Nature of Indirect Beneficial Ownership	
									Code	Code V Amount			(A) or (D)	Price		Transa	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)	
Common Stock 06/15/2						2019			F ⁽¹⁾		779	779 D :		\$74	.09	30,719		D			
		Та									sed of, onvertib				y Ov	vned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	Date,	4. Transa Code (I 8)		of		6. Date E Expiratio (Month/D		Amount of			8. Price Derivati Security (Instr. 5)		9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	t (D) lirect	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	or Nu of	nount mber ares							

Explanation of Responses:

1. Represents the withholding of shares to satisfy tax withholding obligation.

Remarks:

/s/ Scott Giesler as attorney-infact for Ian J. Kalin

06/18/2019

** 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.