Instruction 1(b)

## FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL										
<b>[</b>	OMB Number:	3235-0287									
E	Estimated average burden										
Ηъ	noure por roeponeo.	0.5									

					or	Secti	on 30(h)	of the I	nvestmen	t Con	npany Act	of 1940	0							
1. Name and Address of Reporting Person*  Goldberg Michael						2. Issuer Name <b>and</b> Ticker or Trading Symbol <u>eHealth, Inc.</u> [ EHTH ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Goldberg Michael					$I^{-}$		,		-						X Dir	ector		10% C	)wner	
(Last) (First) (Middle) C/O EHEALTH, INC.					3. Date of Earliest Transaction (Month/Day/Year) 06/12/2018								1		cer (give title ow)		Other below)	(specify		
440 EAST MIDDLEFIELD ROAD																				
(Street)  MOUNTAIN VIEW  CA  94043				4. If	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)	(St	ate) (	Zip)																	
		Tabl	e I - Nor	ı-Deriv	ative	Se	curitie	s Ac	quired,	Disp	osed o	f, or	Bene	efici	ally Owi	ned				
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)					Execution Date,		Code (	Transaction Disposed Code (Instr. 5)					nd Secu Bend Own	nount of rities ficially ed Following	Forn (D) c	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership			
								Code	v	Amount		A) or D)	Price	Tran	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)		
Common Stock 06/12/				2/2018	′2018		A <sup>(1)</sup>		7,262	2	A	\$	0 .	73,891(2)		D				
Common Stock															44,419		I	By Trust <sup>(3)</sup>		
		Та	able II - D								sed of, onvertib				y Owne	d				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)		n of Deriv Secu Acqu (A) o Disp of (D	of		5. Date Exercisable ar Expiration Date (Month/Day/Year)		Amount of Securities Underlying Derivative Security (Instr and 4)			8. Price of Derivative Security (Instr. 5)		/   (	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code				Date Exercisal	Date I Exercisable I		Title	or Nun of Sha							

## **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.
- 2. Total amount of shares beneficially owned includes shares deferred upon vesting of certain restricted stock units. The deferred shares will be settled in accordance with the terms of the deferral election.
- 3. Shares held by Michael D. Goldberg Family Trust dated June 3, 2011.

## Remarks:

/s/ Scott Giesler as attorney-infact for Michael D. Goldberg

06/14/2018

\*\* 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.