

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See Instruction 1(b)*

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). *See Instruction 10*.

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

1. Name and Address of Reporting Person [*]		2. Issuer Name and Ticker or Trading Symbol		5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
Arden Todd		eHealth, Inc. [EHTH]		<input checked="" type="checkbox"/> Director	<input type="checkbox"/> 10% Owner		
(Last)	(First)	(Middle)		<input type="checkbox"/> Officer (give title below)	<input type="checkbox"/> Other (specify below)		
C/O EHEALTH, INC., 13620 RANCH ROAD 620 N, SUITE A250		3. Date of Earliest Transaction (MM/DD/YYYY)		9/17/2025			
(Street)		4. If Amendment, Date Original Filed (MM/DD/YYYY)		6. Individual or Joint/Group Filing (Check Applicable Line)			
AUSTIN, TX 78717				<input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person			
(City)	(State)	(Zip)					

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Trans. Date	3A. Deemed Execution Date, if any	3. Trans. 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 or Indirect (I) (Instr. 4)	7. Nature of Beneficial Ownership (Instr. 4)
				Code	V	Amount			
Common Stock	9/17/2025			A		38,592 ¹¹	A	\$0	38,592 D

Table II - Derivative Securities 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. Trans. Date	3A. Deemed Execution Date, if any	4. Trans. 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	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 of Derivative Security: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
Arden Todd C/O EHEALTH, INC. 13620 RANCH ROAD 620 N, SUITE A250 AUSTIN, TX 78717	X										

Explanation of Responses:

(1) This represents an initial award of restricted stock units. Each unit represents a contingent right to receive one share of the Company's common stock upon vesting. The restricted stock units vest in three equal annual installments from the vesting commencement date of September 17, 2025, subject to the individual's continued service through the applicable vesting date. In addition, the restricted stock units become 100% vested if the Company is subject to a change in control before the individual's service terminates.

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Arden Todd C/O EHEALTH, INC. 13620 RANCH ROAD 620 N, SUITE A250 AUSTIN, TX 78717	X			

Signatures

/s/ Sonwha Lee, as attorney-in-fact for Todd Arden 9/19/2025

 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 control number.