Healey Joseph Patrick Form 4 January 28, 2013

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB Number:

3235-0287

Expires:

January 31, 2005

0.5

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OMB APPROVAL

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if no longer subject to Section 16. Form 4 or Form 5

Check this box

obligations may continue. See Instruction

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

1(b).

(Last)

(Print or Type Responses)

1. Name and Address of Reporting Person * HealthCor Management, L.P.

2. Issuer Name and Ticker or Trading Symbol

5. Relationship of Reporting Person(s) to Issuer

eHealth, Inc. [EHTH]

3. Date of Earliest Transaction

(Check all applicable)

152 WEST 57TH STREET, 43RD

(Street)

(First)

(Middle)

(Month/Day/Year) 01/24/2013

Director Officer (give title below)

_X__ 10% Owner __ Other (specify

FLOOR

4. If Amendment, Date Original

6. Individual or Joint/Group Filing(Check Applicable Line)

Filed(Month/Day/Year)

Form filed by One Reporting Person X Form filed by More than One Reporting

NEW YORK, NY 10019

(City)	(State)	(Zip) 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. Transactio Code (Instr. 8)		sed of		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)
Common Stock, \$0.001 par value per share	01/24/2013		S	3,800	D	\$ 25.5647	2,288,581	I	See Footnote
Common Stock, \$0.001 par value per share	01/25/2013		S	1,000	D	\$ 25.691	2,287,581	I	See Footnote (1)
Common Stock,	01/25/2013		S	200	D	\$ 25.5	2,287,381	I	See Footnote

\$0.001 par value per (1)

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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SEC 1474

(9-02)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date		4.	5.	6. Date Exer		7. Title		8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if		orNumber	Expiration D		Amount		Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	(Year)	Underly	ing	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securitie	es	(Instr. 5)	Bene
	Derivative				Securities			(Instr. 3	and 4)		Own
	Security				Acquired					Follo	
	,				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						(msu
					4, and 5)						
								А	mount		
								01			
						Date Expiration Exercisable Date	Expiration				
								0			
				Code V	(A) (D)			S	hares		

Reporting Owners

share

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
HealthCor Management, L.P. 152 WEST 57TH STREET, 43RD FLOOR NEW YORK, NY 10019		X					
HealthCor Associates, LLC 152 WEST 57TH STREET, 43RD FLOOR NEW YORK, NY 10019		X					
HealthCor Offshore GP, LLC 152 WEST 57TH STREET, 43RD FLOOR NEW YORK, NY 10019		X					
HealthCor Group, LLC 152 WEST 57TH STREET, 43RD FLOOR NEW YORK, NY 10019		X					
HealthCor Offshore Master Fund, L.P. 152 WEST 57TH STREET, 43RD FLOOR NEW YORK, NY 10019		X					

Reporting Owners 2

HealthCor Long Master GP LLC 152 WEST 57TH STREET, 43RD FLOOR X NEW YORK, NY 10019 HealthCor Long OffShore Master Fund LP 152 WEST 57TH STREET, 43RD FLOOR X NEW YORK, NY 10019 Cohen Arthur Bruce X 152 WEST 57TH STREET, 43RD FLOOR NORWALK, CT 06854 Healey Joseph Patrick 152 WEST 57TH STREET, 43RD FLOOR X NEW YORK, NY 10019

Signatures

HealthCor Management, L.P., by HealthCor Associates, LLC, its general partner, By: /s/ John	01/25/2013					
H. Coghlin , General Counsel						
**Signature of Reporting Person	Date					
HealthCor Associates, LLC, By: /s/ John H. Coghlin, General Counsel						
**Signature of Reporting Person	Date					
HealthCor Offshore GP, LLC, for itself and as general partner on behalf of HealthCor Offshore Master Fund, L.P., by HealthCor Group, LLC, its general partner, By: /s/ John H. Coghlin , General Counsel	01/25/2013					
**Signature of Reporting Person	Date					
HealthCor Group, LLC, By: /s/ John H. Coghlin, General Counsel	01/25/2013					
**Signature of Reporting Person	Date					
HealthCor Long Master GP, LLC, for itself and as general partner on behalf of HealthCor Long Offshore Master Fund, L.P., by HealthCor Group, LLC, its general partner, By: /s/ John H. Coghlin , General Counsel	01/25/2013					
**Signature of Reporting Person	Date					
/s/ John H. Coghlin as attorney-in-fact for Arthur Cohen	01/25/2013					
**Signature of Reporting Person	Date					
/s/ John H. Coghlin as attorney-in-fact for Joseph Healey	01/25/2013					
**Signature of Reporting Person	Date					

Explanation of Responses:

- * 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).
- (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.

Signatures 3

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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.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.