SEC Form 4	
------------	--

 \square

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average k	ourdon								

Es d averag hours per response: 0.5

					or Se	ction 30(h) of the	Investm	ent Co	ompany Act	of 1940					
1. Name and Address of Reporting Person [*] Gibbs Samuel C III					2. Issuer Name and Ticker or Trading Symbol <u>eHealth, Inc.</u> [EHTH]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner				
											v Officer	(give title	Other	r (specify	
(Last) (First) (Middle) C/O EHEALTH, INC.					3. Date of Earliest Transaction (Month/Day/Year) 11/13/2007						below) below) Senior Vice President				
440 EAST MIDDLEFIELD RD															
(Street)				4. If Ar	4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Individual or Joint/Group Filing (Check Applicable Line)				
MOUNTAIN VIEW CA 94043												by One Reporting Person			
V 1E. VV												Form filed by More than One Reporting Person			
(City)	(S	tate)	(Zip)												
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned															
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da			y/Year)	3. Transaction Code (Instr.) 4. Securities Acquired (A) o Disposed Of (D) (Instr. 3, 4 a)					Benefici	ies cially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership			
							Code	v	Amount	(A) or (D)	Price	Transac (Instr. 3	tion(s)		(Instr. 4)
Common Stock 11/13/2				2007		М		12,500	A	\$1	12	,500	I	By Trust ⁽¹⁾	
Common Stock			11/14/2007			M ⁽³⁾		834	A	\$8.8 1		,334	I	By Trust ⁽¹⁾	
Common Stock 11				11/14/2007			s ⁽³⁾		834	D	\$33.12)7 12	,500	I	By Trust ⁽¹⁾
		1	Table II			curities Acqu IIIs, warrants						Owned			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deen Executio if any (Month/D	n Date, T	ransactio Code (Inst		6. Date Expirati (Month/	ion Da		of Securit Underlyin	g e Security	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	G Ownersh Form: Ily Direct (D or Indire (I) (Instr.	Beneficial) Ownership ct (Instr. 4)

Explanation of Responses:

\$<mark>1</mark>

\$8.8

\$<mark>8.8</mark>

11/13/2007

11/14/2007

11/14/2007

1. Shares are held by Samuel C Gibbs & Cynthia B Gibbs, TTEEs u/a DTD 4/27/1995 Gibbs Revocable Trust.

2. Immediately exercisable for all option shares. The option shares became fully vested on 1/24/2005.

3. The transactions reported on this date were effected pursuant to a Rule 10b5-1 trading plan.

4. Immediately exercisable for all option shares. The option shares become vested as to 20% of the shares 1 year after December 14, 2005 and 1/60th of the shares upon completion of each month of continuous service thereafter.

Date

Exercisable

(2)

(4)

(4)

Expiration

01/24/2011

12/14/2015

12/14/2015

Title

Common Stock

Common

Stock

Common

Stock

Date

Remarks:

Employee Stock Option

(right to buy) Employee Stock Option

(right to buy) Employee Stock Option

(right to buy)

> /s/ Jennifer Thompson, as attorney-in-fact for Samuel C. Gibbs III

Amount or Number

12,500

190

644

\$<mark>0</mark>

\$<mark>0</mark>

\$<mark>0</mark>

0

7 007

23,825

D

D

D

of Shares

11/15/2007

** 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

Μ

M⁽³⁾

M⁽³⁾

(A) (D)

12,500

190

644

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.