FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Inglon, D.C. 20549	OMB APPROVAL
lī	

OMB Number:	3235-0287
Estimated average burde	en
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 * Fahlman Robert L						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 X Officer (give title Other (specify below) Sr VP, Carrier Relations & COO					
(Last) (First) (Middle) C/O EHEALTH, INC. 440 EAST MIDDLEFIELD ROAD						3. Date of Earliest Transaction (Month/Day/Year) 04/18/2007													
(Street) MOUNTAIN VIEW CA 94043				4.1	f Am	nendme	nt, Date o	of Origina	l Filed	d (Month/Da		Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person							
(City)	(S	tate)	(Zip)																
		Tak	le I - No						-	, Dis	1			Ily Owned					
Date			Date	2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Dispose Code (Instr.			ies Acquire Of (D) (Inst		Benefici Owned	es ially Following	Form (D) or	n: Direct r Indirect sstr. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) or (D)	Price	Reporte Transac (Instr. 3	tion(s)			(Instr. 4)	
Common Stock			04/18/2007			7		M ⁽¹⁾		57,800) A	\$2	61	,779			By Trust ⁽²⁾		
Common Stock			04/18/2007		7			S ⁽¹⁾		57,500	D	\$21.9	947 4,	279			By Trust ⁽²⁾		
Common Stock 04				04/1	8/2007	/2007					300	D	\$22	2 3,	979			By Trust ⁽²⁾	
Common Stock 04/19/				9/2007	2007			M ⁽¹⁾		5,000	A	\$2	8,	979			By Trust ⁽²⁾		
Common Stock 04/19/				9/2007	2007			S ⁽¹⁾		5,000	D	\$21	.8 3,	3,979			By Trust ⁽²⁾		
			Table II -								osed of, converti			y Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	e of ivative (Month/Day/Year) if any (Month/Day/Year)		Date, Transact Code (In 8)		action of (Instr. D S A (F D of		of E		xerci on Dat Day/Ye		7. Title and Amo of Securities Underlying Derivative Secur (Instr. 3 and 4)		Derivative Security	9. Number derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e es ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
						v	(A) (D)		Date Exercisa		Expiration Date	Title	Amount or Number of Shares						
Employee Stock Option (right to buy)	\$2	04/18/2007			M ⁽¹⁾			16,021	(3)		04/27/2010	Common Stock	16,023	1 \$0	0		D		
Employee Stock Option (right to buy)	\$2	04/18/2007			M ⁽¹⁾			41,779	(4)		06/13/2013	Common Stock	41,779	\$0	20,72	1	D		
Employee																			

Explanation of Responses:

- $1. \ All \ of the \ transactions \ reported \ in \ this \ Form \ 4 \ were \ effected \ pursuant \ to \ a \ Rule \ 10b5-1 \ trading \ plan.$
- 2. Shares are held by the Robert Lawrence Fahlman, Jr. and Marion Lee Fahlman Trustees, or the Successor Trustee, of the Robert L. and Marion L. Fahlman Trust Dated October 18, 1994.

5,000

3. This option became fully vested and exercisable on 3/27/2004

04/19/2007

4. Immediately exercisable for all option shares. The option shares become vested as to 25% of the shares 1 year after June 13, 2003 and 2.08333% of the shares upon completion of each month of continuous service thereafter

(4)

06/13/2013

Remarks:

Stock Option

(right to buy)

5,000

Stock

15,721

<u>Fahlman</u>

** 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.