FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

<b>STATEMENT</b>	OF CHANGES	S IN BENEFICIAL	<b>OWNERSHIP</b>

	OMB APPRO	VAL
	OMB Number:	3235-0287
l	Estimated average burde	en
l	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* <u>Telkamp Bruce</u>						2. Issuer Name and Ticker or Trading Symbol  eHealth, Inc. [ EHTH ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director  Officer (chick title Check (Checkity))					
(Last) (First) (Middle) C/O EHEALTH, INC. 440 EAST MIDDLEFIELD ROAD					3. Date of Earliest Transaction (Month/Day/Year) 02/14/2008								X Officer (give title Other (specify below)  Executive Vice President						
(Street) MOUNT VIEW	C.		94043		4. If	f Ame	ndme	nt, Date	of Origin	al File	ed (Month/D	ay/Year)	Lin	e) X Form	filed by One	e Rep	g (Check Ap orting Perso n One Repo	n	
(City)	(5		(Zip) 	n-Deriv	/ative	- Se	curit	ies Ac	nuiren	l Di	snosed o	of or Re	neficial	Ily Owne					
Table I - Non-Deriv  1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)			ction	ion 2A. Deeme Execution //Year) if any		Deemed ecution Date,		3. 4. Securi		ties Acquired (A) or I Of (D) (Instr. 3, 4 a		5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
								Code	v	Amount	(A) or (D)	Price	Reporte Transa (Instr. 3	tion(s)			(Instr. 4)		
Common	Stock			02/14/	2008	008		M <sup>(1)</sup>		1,459	A	\$8.8	26	26,459			By Trust <sup>(2)</sup>		
Common	Stock			02/14/	2008				S <sup>(1)</sup>		1,459	D	\$22.22	46 25	5,000			By Trust <sup>(2)</sup>	
		1	able II								oosed of converti			/ Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	ercise (Month/Day/Year) if an of (Mor ative		on Date,	4. Transa Code ( 8)	Transaction Code (Instr.		of		Exerci: on Dat Day/Ye	sable and te ear)	7. Title and Amount of Securities Underlying Derivative Securi (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e S Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amount or Number of Shares						
Employee Stock Option (right to buy)	\$8.8	02/14/2008			M <sup>(1)</sup>			190	(3)		12/14/2015	Common Stock	190	\$0	6,439	)	D		
Employee Stock Option (right to by)	\$8.8	02/14/2008			M <sup>(1)</sup>			1,269	(3)		12/14/2015	Common Stock	1,269	\$0	43,14	4	D		

## 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 Bruce A. Telkamp and Diane E. Turriff as Trustees of the Diane E. Turriff and Bruce A. Telkamp Revocable Trust 2004.
- 3. 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.

## Remarks:

/s/ Jennifer Thompson, as 02/19/2008 attorney-in-fact for Bruce A. <u>Telkamp</u>

\*\* Signature of Reporting Person

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.