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

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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 <u>eHealth, Inc.</u> [EHTH]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (sine title Check (specify))				
(Last) (First) (Middle) C/O EHEALTH, INC. 440 EAST MIDDLEFIELD ROAD						3. Date of Earliest Transaction (Month/Day/Year) 05/19/2008								X Officer (give title Other (specify below) Executive Vice President					
(Street)	Street) MOUNTAIN VIEW CA 94043					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person Person					
(City)		,		on-Deriv	vative	Sec	urit	ies Ac	nuired	l Di	snosed o	of or Be	neficia	Ily Owne					
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day)					ction	on 2A. Deemed Execution D			3. Transa Code (ction	4. Securities Acquir		l (A) or	5. Amo Securit Benefic	ınt of es ially	Form (D) or	: Direct c r Indirect I	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) or (D)	Price	Reporte Transa (Instr. 3	ed ction(s)			Instr. 4)	
Common Stock 05/19/20)08			S ⁽¹⁾		2,000	D	\$24.74	21	21,000			By Frust ⁽²⁾	
Common Stock 05/20/20)08			M ⁽¹⁾		2,917	A	\$8.8	23,917				By Frust ⁽²⁾	
Common Stock 05/20/20)08			S ⁽¹⁾		2,917	D	\$24.	3 21,000				By Γrust ⁽²⁾	
		7	able II	- Deriva (e.g.,)	ative s	Secu calls	ritie , wa	s Acq ırrants	uired, s, optic	Dispons,	posed of converti	, or Ben ble secu	eficiall ırities)	y Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deel Execution if any (Month/I		4. Transaction Code (Instr. 8)		ı of		6. Date Exercis Expiration Date (Month/Day/Yea		te	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	is lly	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	05/20/2008			M ⁽¹⁾			379	(3)		12/14/2015	Common Stock	379	\$0	5,871		D		
Employee Stock Option (right to	\$8.8	05/20/2008			M ⁽¹⁾			2,538	(3)		12/14/2015	Common Stock	2,538	\$0	39,337	7	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 attorney-in-fact for Bruce A. <u>Telkamp</u>

05/21/2008

** 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.