FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average b	urdon								

0.5

hours per response:

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

					0, 0	CCIIC	11 30(11)	or tile i	iiivestiiii	JIII O	Jinpany	, ισι σ	JI 10-	Ŧ <b>O</b>									
1. Name and Address of Reporting Person <sup>*</sup> Wang Sheldon				2. Issuer Name and Ticker or Trading Symbol eHealth, Inc. [ EHTH ]											5. Relationship of Reporting Person(s) to Issuer (Check all applicable)								
<u>vvalig S</u>	<u>Heldoll</u>						- 1	_	_								Direc			10% O	-		
(Last)	(Eir	ret) (	Middlo)												4	X	Office belov	er (give title v)		Other ( below)	(specify		
(Last) (First) (Middle) C/O EHEALTH, INC.					3. Date of Earliest Transaction (Month/Day/Year) 07/05/2011											Executive VP, Technology							
440 EAST MIDDLEFIELD ROAD																							
(Street)						4. If Amendment, Date of Original Filed (Month/Day/Year) 07/07/2011											6. Individual or Joint/Group Filing (Check Applicable Line)						
MOUNT	AIN CA	Λ 9	94043			0//0//2011									X Form filed by One Reporting Person								
VIEW																	Form Pers	m filed by More than One Reporting son					
(City)	(St	ate) (	Zip)																				
		Tabl	e I - Non	-Deriv	ative	Sec	uritie	s Ac	quirec	l, Di	spose	d of	f, oı	r Ben	efici	ally (	Owne	ed					
1. Title of Security (Instr. 3)  2. Transa Date (Month/Date)				Day/Year) i		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Dispose Code (Instr. 5)				ities Acquired (A d Of (D) (Instr. 3,			4 and Secu Bene Own		ırities eficially ed Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership			
									Cod	v	Amo	unt	(A) or (D)		Price	- 1	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)		
Common Stock																	42,741(1)			D			
		Та	ıble II - D	erivati e.g., pu												y Ov	vned						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	Date,	Code (Inst				6. Date Expirat (Month	ate			7. Title and Amount of Securities Underlying Derivative Security (Ins and 4)		Deriv Secu	Price of rivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Ownership Form: Direct (D) or Indirect	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exercis	able	Expirat Date	ion	Title	or Nui of	ount nber ares								

## **Explanation of Responses:**

 $1.\ These\ directly\ held\ shares\ were\ omitted\ from\ the\ reporting\ person's\ Form\ 4\ filed\ on\ 7/7/2011.$ 

## Remarks:

<u>/s/ Jennifer Thompson, as</u> attorney-in-fact for Dr. Sheldon 10/11/2011 X. Wang

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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.