## 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*  Wang Sheldon						2. Issuer Name <b>and</b> 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 (specify					
	EHEALTH, INC. EAST MIDDLEFIELD ROAD					3. Date of Earliest Transaction (Month/Day/Year) 04/25/2007								^ below	)	ief Te	below)	·	
(Street)  MOUNTAIN VIEW  CA 94040					4.	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person					
(City)	City) (State) (Zip)																		
		Tak	ole I - No	n-Deri	vativ	e Se	ecuri	ties Ac	quired	, Dis	posed o	f, or Be	neficia	lly Owne	d				
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da						Execution			Code (	Transaction Code (Instr.		ies Acquired Of (D) (Insti		Benefic Owned	ies :ially Following	Form (D) o	r Indirect rstr. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) or (D)	Price	Report Transa (Instr. 3	ction(s)			(Instr. 4)	
Common Stock 0					04/25/2007						3,000	A	\$0.5	5 78	3,000	D			
Common Stock				04/2	04/25/2007				M <sup>(1)</sup>		19,700	) A	\$1	9'	7,700		D		
Common Stock 04					5/200	7			S <sup>(1)</sup>		3,000	D	\$21.9	<b>\$</b> 21.912 94		D			
Common Stock 04/25					5/200	7			S <sup>(1)</sup>		19,700	) D	\$21.9	25 7	75,000		D		
Common Stock 04/26/3					6/200	:007			M <sup>(1)</sup>		30,300	) A	\$1	10	105,300		D		
Common Stock 04/26/2					6/200	!007			S <sup>(1)</sup>		30,300	) D	D \$21.8		5,000		D		
		•	Table II -								osed of,			/ Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execution if any	3A. Deemed 4. Execution Date, To		action (Instr.	5. Number n of		6. Date E	6. Date Exercis Expiration Date (Month/Day/Yea		7. Title and Amoun of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amount or Number of Shares	1					
Employee Stock Option (right to buy)	\$0.5	04/25/2007			M <sup>(1)</sup>			3,000	(2)		09/02/2009	Common Stock	3,000	\$0	141,00	00	D		
Employee Stock Option (right to buy)	\$1	04/25/2007			M <sup>(1)</sup>			19,700	(3)		01/24/2012	Common Stock	19,700	\$0	30,30	00	D		
Employee Stock Option (right to	\$1	04/26/2007			M <sup>(1)</sup>			30,300	(3)		01/24/2012	Common Stock	30,300	\$0	0		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. This option became fully vested and exercisable on 8/16/2003.
- 3. This option became fully vested and exercisable on 1/24/2006.

# Remarks:

/s/ Jennifer Thompson, as attorney-in-fact for Dr. Sheldon 04/27/2007 X. Wang

\*\* 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.