FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL										
[OMB Number:	3235-0287									
E	Estimated average burden										
Ηъ	noure por roeponeo.	0.5									

1. Title of 2. 3. Transaction 3A. Deemed Execution Date,				I. Fransactio	5. Number n of	6. Date Exercisable and Expiration Date 7. Title and Amount of						8. Price of Derivative	Price of 9. Number of derivative		11. Nature of Indirect			
		-				curities Acq Is, warrants							Owned					
Common Stock 04/03			/2008	2008			5,000		D	\$24.9	42	,353	D					
Common Stock 04/03				04/03	/2008	2008			5,000		A	\$2	47	,353	D			
							Code	v	Amount		(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)			(111341.4)		
1. Title of Security (Instr. 3) 2. Transa Date (Month/E			action Day/Year)	2A. Deemed Execution Date if any (Month/Day/Yea	Code						5. Amou Securitie Benefici Owned F Reporte	es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
		Tab	le I - Nor	n-Deriv	ative S	ecurities Ac	quired,	Dis	osed o	f, or	Bene	eficiall	y Owned	I				
(City)	(S	tate)	(Zip)															
VIEW CA 94043													Form f	Form filed by More than One Report				
(Street) MOUNTAIN			4. If Am	endment, Date	of Origina	Filed	(Month/Da	6. In Line	ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person									
440 EAS	T MIDDLE	EFIELD ROAD																
C/O EHEALTH, INC.				04/03/		Sacion (iv	1011111/1	Jay/ real)		Chr. o	f the Boa	rd, Pres. & C	EO					
Lauer Gary L (Last) (First) (Middle)				2 Data	of Earliest Tran	coation (N	lonth/F	Doy/Voor)	_	Officer below)	(give title	Other below	(specify					
				eHealth, Inc. [EHTH]								C Directo	,	10% ()wner			
1. Name and Address of Reporting Person*				2. Issuer Name and Ticker or Trading Symbol								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
					or Sect	tion 30(h) of the	Ínvestme	nt Con	npany Act	of 194	40							

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. 5. Number of Code (Instr. 8) Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exerc Expiration Da (Month/Day/\	ate	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares					
Employee Stock Option (right to buy)	\$2	04/03/2008		M ⁽¹⁾			5,000	(2)	05/21/2013	Common Stock	5,000	\$0	180,000	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. Immediately exercisable for all option shares. The option shares became fully vested on 1/8/2004.

Remarks:

/s/ Jennifer Thompson, as attorney-in-fact for Gary L.

04/07/2008

Date

Lauer

** 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.