П

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| OMB APPROVAL | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
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| Estimated average burden | | | | | | | | | |
| hours per response: | 0.5 | | | | | | | | |

| 1 5 | on* | 2. Issuer Name and Ticker or Trading Symbol eHealth, Inc. [EHTH] | | | on(s) to Issuer | |
|---|---------------------------------|---|--|---|---|--|
| <u>.e</u> | | | 1 | Director | 10% Owner | |
| | | | X Officer (give title Ott below) bel | Other (specify below) | | |
| (First) (Middle) , INC. DLEFIELD ROAD | | 3. Date of Earliest Transaction (Month/Day/Year) 03/18/2009 | | Executive Vice President | | |
| CA | 94043 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | Form filed by One Repo | rting Person | |
| | (First) INC. DLEFIELD ROA | (First) (Middle) INC. DLEFIELD ROAD CA 94043 | Ce eHealth, Inc. [EHTH] (First) (Middle) INC. 3. Date of Earliest Transaction (Month/Day/Year) DLEFIELD ROAD 4. If Amendment, Date of Original Filed (Month/Day/Year) CA 94043 | Ce eHealth, Inc. [EHTH] (Check X (First) (Middle) 3. Date of Earliest Transaction (Month/Day/Year) X DLEFIELD ROAD 4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Indih Line) CA 94043 X | Ce eHealth, Inc. [EHTH] Check all applicable) (First) (Middle) INC. 3. Date of Earliest Transaction (Month/Day/Year) OJ18/2009 6. Individual or Joint/Group Filing Line) CA 94043 | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transa Code (8) | | | | | Securities Beneficially | Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership |
|---------------------------------|--|---|------------------------------|---|--------|---------------|---------|------------------------------------|---|---|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (Instr. 4) |
| Common Stock | 03/18/2009 | | S ⁽¹⁾ | | 4,058 | D | \$15.95 | 15,221 | D | |

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| | | | | | | | | • • | | | | | | | | | | | | | |
|---|---|--|---|------------------------------|---|--|-----|--|--------------------|-------------------------------------|--|-----------------|--|--|--|-----------|--|---|--|--|--|
| 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. Transa Code (8) | | of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 | | Expiration Date (Month/Day/Year) | | Expiration Date | | Expiration Date (Month/Day/Year) urities urities or losed)) , 2, 4 | | Amount of | | 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 | | | | | | | | | | |

Explanation of Responses:

1. All of the transactions reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan.

Remarks:

<u>/s/ Jennifer Thompson, as</u>

<u>Telkamp</u>

attorney-in-fact for Bruce A 03/20/2009

** 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.