FORM 4

obligations may continue. See Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
|-------------|------|-------|
| | | |

| STATEMENT OF CHANGES IN BENEFICIAL O | WNERSHIP |
|--------------------------------------|----------|
| | |

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> | | | | | | eHealth, Inc. [EHTH] | | | | | | | | | icable) or | ig Fei | 10% Ov | vner |
|--|--|------------|------------------------|-----------|---|------------------------|-------------------------------|----------|--|----------|--------------------|---|--|---|---|---|--|--|
| | EALTH, IN | , | (Middle) | | | Date o /18/2 | | est Tran | saction (N | ∕lonth/ | /Day/Year) | | | below | Officer (give title below) Executive \ | | below) | specify |
| (Street) MOUNT VIEW | C. | | 94043 | | 4. 11 | f Ame | ndmei | nt, Date | of Origina | al Filed | d (Month/D | ay/Year) | Lin | e) <mark>X</mark> Form | filed by One | e Rep | g (Check Ap orting Perso n One Repo | n |
| (City) | (S | | (Zip) | n Doris | /otive | | rit | ioo Ao | auirad | Die | nood a | of or Bo | noficial | ly Owns | | | | |
| Date | | | | 2. Transa | action | 2/ Ex | 2A. Deemed Execution Date, | | 3. 4. Sec Transaction Code (Instr. | | 4. Securit | rities Acquired (A) o ed Of (D) (Instr. 3, 4 a | | 5. Amount of Securities Beneficially Owned Following | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | Ownership |
| | | | | | | | | | | | Amount | (A) or (D) | Price | Transa | Reported Transaction(s) (Instr. 3 and 4) | | | (Instr. 4) |
| Common | Common Stock | | | 07/18 | /2007 | 2007 | | | M ⁽¹⁾ | | 6,000 | A | \$1 | 51,000 | | | | By Trust ⁽²⁾ |
| Common | Stock | | | 07/18 | /2007 | , | | | S ⁽¹⁾ | | 6,000 | D | \$18.90 | 01 4 | 5,000 | | | By Trust ⁽²⁾ |
| | | 7 | able II - | | | | | | | | | , or Ben ble secu | | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security 3. Transaction Date (Month/Day/Year) | | Execution Date, if any | | 4. Transaction Code (Instr. 8) | | ı of | | 6. Date Exercis Expiration Date (Month/Day/Yea | | 9 | 7. Title and Amount o Securities Underlyin Derivative (Instr. 3 ar | f g Security | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | e S Illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisal | | Expiration Date | Title | Amount or Number of Shares | | | | | |
| Employee Stock Option (right to buy) | \$1 | 07/18/2007 | | | M ⁽¹⁾ | | | 1,356 | (3) | | 01/24/2011 | Common Stock | 1,356 | \$0 | 0 | | D | |
| Employee Stock Option (right to | \$1 | 07/18/2007 | | | M ⁽¹⁾ | | | 4,644 | (4) | | 01/24/2012 | Common Stock | 4,644 | \$0 | 20,350 | 6 | 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. This option became fully vested and exercisable on 1/24/2005.
- 4. This option became fully vested and exercisable on 1/24/2006.

Remarks:

/s/ Jennifer Thompson, as attorney-in-fact for Bruce A.

07/20/2007

** 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.