SEC Form 4	
------------	--

 $\square$ 

### FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this I	oox if no longer subject to
	Form 4 or Form 5
obligations	may continue. See
Instruction 2	L(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								
OMB Number:	3235-0287							
Estimated average bur	den							
hours per response.	0.5							

1. Name and Address of Reporting Person <sup>*</sup> Gibbs Samuel C III			2. Issuer Name <b>and</b> Ticker or Trading Symbol <u>eHealth, Inc.</u> [ EHTH ]		tionship of Reporting Pers all applicable) Director Officer (give title	10% Owner Other (specify
(Last) (First) (Middle) C/O EHEALTH, INC. 440 EAST MIDDLEFIELD RD		(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 07/18/2007		below) Senior Vice Pre	below) sident
(Street) MOUNTAIN VIEW (City) (State) (Zip)		94043 (Zip)	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indiv Line) X	idual or Joint/Group Filing Form filed by One Repo Form filed by More than Person	rting Person

#### 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)		4. Securities Disposed Of			5. Amount of Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership
			Code	v	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)		(Instr. 4)
Common Stock	07/18/2007		<b>M</b> <sup>(1)</sup>		2,000	A	\$1	17,000	Ι	By Trust <sup>(2)</sup>
Common Stock	07/18/2007		M <sup>(1)</sup>		3,000	A	\$8.8	20,000	I	By Trust <sup>(2)</sup>
Common Stock	07/18/2007		S <sup>(1)</sup>		5,000	D	\$18.901	15,000	I	By Trust <sup>(2)</sup>

	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 Expiration Date // Derivative (Month/Day/Year) S Securities 4 Acquired 1			7. Title and Amount o Securities Underlying Derivative (Instr. 3 ar	f g Security	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)	\$1	07/18/2007		<b>M</b> <sup>(1)</sup>			2,000	(3)	01/24/2011	Common Stock	2,000	\$0	42,500	D	
Employee Stock Option (right to buy)	\$8.8	07/18/2007		<b>M</b> <sup>(1)</sup>			3,000	(4)	12/14/2015	Common Stock	3,000	\$0	32,636	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 Samuel C Gibbs & Cynthia B Gibbs, TTEEs u/a DTD 4/27/1995 Gibbs Revocable Trust.

3. This option became fully vested and exercisable on 1/24/2005.

4. Immediately exercisable for all option shares. The option shares become vested as to 20% of the shares 1 year after December 14, 2005 and 1/60th of the shares upon completion of each month of continuous service thereafter.

Remarks:

/s/ Jennifer Thompson, as

attorney-in-fact for Samuel C.

07/20/2007

Date

Gibbs III

\*\* 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.