FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF	CHA	NGE

S IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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

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>Gibbs Samuel C III</u>						2. Issuer Name and Ticker or Trading Symbol <u>eHealth, Inc.</u> [EHTH]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify					
(Last) (First) (Middle) C/O EHEALTH, INC. 440 EAST MIDDLEFIELD RD						3. Date of Earliest Transaction (Month/Day/Year) 12/14/2007								X	below) Senior Vice P			below)	эрсспу
(Street) MOUNT VIEW	'AIN C	A	94043		4. If	ndmen	t, Date	of Original Filed (Month/Day/Year)					6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(S	tate)	(Zip)																
		Tab	le I - N	on-Deriv	<i>r</i> ative	e Sec	curiti	es Ac	quirec	l, Di	sposed (of, or Be	eneficia	ally (Owne	t			
Date			2. Transad Date (Month/Da		Exe	Execution Date, if any (Month/Day/Year)				4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a			nd 5) Securit Benefic Owned		es ially Following	Forn (D) c	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	unt (A) or Price			Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Common	Stock			12/14/	2007				M ⁽¹⁾		833	A	\$8.	i.8 13,333 I					By Trust ⁽²⁾
Common Stock 12/14			2007	007		S ⁽¹⁾		833	D	\$30.7	⁷ 59 12,		2,500			By Trust ⁽²⁾			
		Т	able II	- Deriva (e.g., p	tive S	Secu calls	rities , wai	s Acq rrants	uired, s, optic	Disp ons,	osed of converti	, or Ben ble secu	eficial urities)	y Oı	wned				
1. Title of Derivative Security (Instr. 3) Conversion or Exercise Price of Derivative Security		(Month/Day/Year) if any				ansaction of De Se Ac (A) Dis of		vative urities uired or osed) r. 3, 4	6. Date Exercis Expiration Date (Month/Day/Yea		e	7. Title and Amount of Securities Underlying Derivative Securi (Instr. 3 and 4)		Dei	Price of ivative surity Securities Beneficial Owned Following Reported Transactio (Instr. 4)		у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amount or Number of Shares						
Employee Stock Option (right to buy)	\$8.8	12/14/2007			M ⁽¹⁾			189	(3)		12/14/2015	Common Stock	189		\$0	6,818		D	
Employee Stock Option (right to	\$8.8	12/14/2007			M ⁽¹⁾			644	(3)		12/14/2015	Common Stock	644		\$0	23,181		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. 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. 12/18/2007 Gibbs III

** 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.