FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL									
	OMB Number:	3235-0287								
l	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*					2. Issuer Name and Ticker or Trading Symbol <u>eHealth, Inc.</u> [EHTH]									lationship ck all appli Directo	cable)	g Pers	son(s) to Iss 10% Ow		
	EALTH, IN		(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 06/09/2009									Officer below)	(give title		Other (s below)	pecify
(Street) MOUNT VIEW	CAIN C	A	94043		- 4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)							Line)	Individual or Joint/Group Filing (Check Applicable le) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(S	•	(Zip)																
		Tab	le I - Non	-Deriv	ative	Sec	curitie	s Ac	quired, I	Disp	osed c	of, or Be	enefi	cially	Owned	i			
1. Title of Security (Instr. 3) 2. Transa Date (Month/D					Execu (ay/Year) if any		A. Deemed Execution Date, f any Month/Day/Year)		Transaction Disposed (Code (Instr. 5)		rities Acquired (A) ed Of (D) (Instr. 3, 4		4 and Securition Benefici Owned I		es For ally (D) Following (I) (m: Direct or Indirect Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	t (A) or (D)		ice	Reported Transaction(s) (Instr. 3 and 4)				msu. 4)
Common Stock 06/09/2					9/2009	/2009		A ⁽¹⁾		1,62	1,625 A		\$0	1,625			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. Deemee Execution I if any (Month/Day	Date,	4. Transa Code (1 8)		of		6. Date Exe Expiration I (Month/Day	Date		nd 7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)			B. 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		opiration	Title	Amo or Num of Shai	ber					
Stock Option (right to buy)	\$17.76	06/09/2009			A		3,250		(2)	06	6/09/2019	Common Stock	3,2	50	\$0	3,250		D	

Explanation of Responses:

- 1. This represents an automatic annual award of restricted stock units. Each unit represents a contingent right to receive one share of the Issuer's common stock upon vesting. Subject to the director's continuous service with the Issuer, the restricted stock units will become 100% vested on the day prior to the Issuer's annual stockholder meeting approximately one year following the date of grant.
- 2. This represents an automatic annual stock option grant. Subject to the director's continuous service with the Issuer, the shares covered by this option will become 100% vested on the day prior to the Issuer's annual stockholder meeting approximately one year following the date of grant.

Remarks:

/s/ Jennifer Cashio, as attorneyin-fact for Scott N. Flanders

** 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.