

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

OMB APPROVAL	
OMB Number:	3235-0287
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1. Name and Address of Reporting Person* <u>Telkamp Bruce</u> (Last) (First) (Middle) <u>C/O EHEALTH, INC.</u> <u>440 E. MIDDLEFIELD ROAD</u> (Street) <u>MOUNTAIN VIEW CA 94043</u> (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol <u>eHealth, Inc. [EHTH]</u>	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title below) Other (specify below) <u>Executive Vice President</u>
	3. Date of Earliest Transaction (Month/Day/Year) <u>05/21/2007</u>	
	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Individual or Joint/Group Filing (Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting 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. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			
Common Stock	05/21/2007		M ⁽¹⁾		5,000	A	\$1	50,000	I	By Trust ⁽²⁾
Common Stock	05/21/2007		S ⁽¹⁾		5,000	D	\$19	45,000	I	By Trust ⁽²⁾
Common Stock	05/22/2007		M ⁽¹⁾		5,000	A	\$1	50,000	I	By Trust ⁽²⁾
Common Stock	05/22/2007		S ⁽¹⁾		5,000	D	\$19.088	45,000	I	By Trust ⁽²⁾
Common Stock	05/23/2007		M ⁽¹⁾		4,000	A	\$1	49,000	I	By Trust ⁽²⁾
Common Stock	05/23/2007		S ⁽¹⁾		4,000	D	\$19.054	45,000	I	By Trust ⁽²⁾

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. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)	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
Employee Stock Option (right to buy)	\$1	05/21/2007		M ⁽¹⁾			5,000	(3)	01/24/2011	Common Stock	5,000	\$0	58,356	D	
Employee Stock Option (right to buy)	\$1	05/22/2007		M ⁽¹⁾			5,000	(3)	01/24/2011	Common Stock	5,000	\$0	53,356	D	
Employee Stock Option (right to buy)	\$1	05/23/2007		M ⁽¹⁾			4,000	(3)	01/24/2011	Common Stock	4,000	\$0	49,356	D	

Explanation of Responses:

- All of the transactions reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan.
- 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.
- This option became fully vested and exercisable on 1/24/2005.

Remarks:

/s/ Jennifer Thompson, as 05/23/2007
attorney in fact for Bruce A.
Telkamp

** 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.