FORM 4

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 OWNERSHIP

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

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
lame and Address of Reporting Person*	2. Issuer Name and Ticker or Trading Symbol

1. Name and Address of Reporting Person* <u>KLEINER PERKINS CAUFIELD & BYERS IX A LP</u>					2. Issuer Name and Ticker or Trading Symbol eHealth, Inc. [EHTH]											all app Direct Office	er (give title	X	X 10% C	Owner (specify
(Last)	Last) (First) (Middle) 750 SAND HILL ROAD					3. Date of Earliest Transaction (Month/Day/Year) 08/28/2007										belov	v)		below)	
(Street) MENLO PARK CA 94025					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Ch Line) X Form filed by One Reporting Form filed by More than One Person										porting Pers	on			
(City)	(:	State) (Zip)																	
		Tabl	le I - Nor	n-Deriv	ative	Se	curitie	s Acc	quired,	Dis	posed o	f, or	Bene	eficia	ally C	Owne	ed			
Date				2. Transa Date (Month/D		ur) E	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)			(A) or 3, 4 an	4 and Secui Bene		cially I Following	For (D)	Ownership rm: Direct or Indirect (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
									Code	v	Amount	(A) or D)	Price	. -	Transaction(s) (Instr. 3 and 4)				(11150.4)
Common	Stock			08/28	3/2007				J		391,07	71	D	\$(\$0 1,173,211 D					
		Та	able II - [)								sed of, onvertib				y Ow	ned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	Date, Transaction Code (Ins					6. Date E Expiratio (Month/D	n Dat		Amount of			8. Prid Derive Secur (Instr.	rative rity . 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	,	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	or Nun of Sha	nber							

Explanation of Responses:

Susan M. Biglieri, Attorney-in-08/30/2007

Fact

** 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.