

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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:	3235-0104
Estimated average burden hours per response:	0.5

1. Name and Address of Reporting Person* <u>Patel Vipool Mohanlal</u>	2. Date of Event Requiring Statement (Month/Day/Year) 10/12/2006	3. Issuer Name and Ticker or Trading Symbol <u>eHealth, Inc.</u> [<u>EHTH</u>]	
		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) <div>Director <input checked="" type="checkbox"/> 10% Owner</div> <div>Officer (give title below) Other (specify below)</div>	
		5. If Amendment, Date of Original Filed (Month/Day/Year)	
		6. Individual or Joint/Group Filing (Check Applicable Line) <div>Form filed by One Reporting Person</div> <div><input checked="" type="checkbox"/> Form filed by More than One Reporting Person</div>	
(Last) (First) (Middle) 1664 ARYANA DRIVE			
(Street) ENCINITAS CA 92024			
(City) (State) (Zip)			

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock, \$0.001 par value per share	2,042,526	D	
Common Stock, \$0.001 par value per share	2,042,526	I	**
Common Stock, \$0.001 par value per share	2,042,526	I	**
Common Stock, \$0.001 par value per share	575,000	I	**
Common Stock, \$0.001 par value per share	575,000	I	**

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			

1. Name and Address of Reporting Person* <u>Patel Vipool Mohanlal</u>
(Last) (First) (Middle) 1664 ARYANA DRIVE
(Street) ENCINITAS CA 92024
(City) (State) (Zip)
1. Name and Address of Reporting Person* <u>Patel Sharon Lynn</u>
(Last) (First) (Middle) 1664 ARYANA DRIVE
(Street) ENCINITAS CA 92024
(City) (State) (Zip)
1. Name and Address of Reporting Person* <u>Patel Family Trust U/A/D 12/08/1995</u>
(Last) (First) (Middle) 1664 ARYANA DRIVE

(Street)		
ENCINITAS	CA	92024
(City)	(State)	(Zip)

Explanation of Responses:

Remarks:

** 2,042,526 shares are directly held by the Patel Family Trust U/A/D 12/08/1995. As trustees of the Patel Family Trust, Vipool M. Patel and Sharon L. Patel indirectly own these shares. Vipool M. Patel and Sharon L. Patel also each indirectly own 575,000 shares as trustees of the Patel 1999 Children's Trust U/A/D 10/30/1999

[Vipool Mohanlal Patel](#) [10/16/2006](#)

[Sharon Lynn Patel](#) [10/16/2006](#)

[Sharon L. Patel, Trustee Patel](#)

[Family Trust U/A/D](#) [10/16/2006](#)

[12/08/1995](#)

** 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 5 (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.