FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average burden								
hours per response:	0.5							

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

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>Lauer Gary L</u>					2. Issuer Name and Ticker or Trading Symbol <u>eHealth</u> , Inc. [EHTH]										Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
(Last) (First) (Middle) C/O EHEALTH, INC. 440 EAST MIDDLEFIELD ROAD					3. Date of Earliest Transaction (Month/Day/Year) 02/13/2009										X	belov	,		Other (specify below) 1, Pres. & CEO	
(Street) MOUNTA VIEW (City)	C.)4043 Zip)		4. If Amendment, Date of Original Filed (Month/Day/Year)									. Indiv ine) X	lividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Tabl	e I - Noi	า-Deriva	ative	Sec	curitie	s Ac	quire	d, Dis	posed o	f, o	r Bei	nefici	ally (Owne	ed			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da					r) E	xecution any	A. Deemed xecution Date, any lonth/Day/Year)		3. Transaction Disposed Code (Instr. 8)					and Secu Bene Owne		cially d Following	6. Owner Form: Di (D) or Inc (I) (Instr.	rect lirect	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Cod	v	Amount		(A) or (D)	Price	,	Transa	Reported Transaction(s) (Instr. 3 and 4)			(111511.4)
Common Stock 02/13/2					/2009		S ⁽¹⁾		10,588		D	D \$12.8		6 31,765		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)	tive Conversion Date Execution Date, ty or Exercise (Month/Day/Year) if any			4. Transaction Code (Instr. B)		of		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		f nstr. 3 mount		vative (rity 5	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
				,	Code V (A)		(D)			Expiration Date	or Number of Title Shares		ımber							

Explanation of Responses:

1. All of the transactions reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan.

Remarks:

<u>Jennifer Thompson, as</u> <u>attorney-in-fact for Gary L.</u>

02/18/2009

Date

<u>Lauer</u>

** 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.