eHealth, Inc. Form 4 August 10, 2007

## FORM 4

#### OMB APPROVAL

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB Number: 3235-0287

Check this box if no longer subject to Section 16. Form 4 or

Expires: January 31, 2005

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Estimated average burden hours per response... 0.5

Section 16. Form 4 or Form 5 obligations may continue. See Instruction

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

1(b).

(Print or Type Responses)

Name and Address of Reporting Person Telkamp Bruce	2. Issuer Name <b>and</b> Ticker or Trading Symbol eHealth, Inc. [EHTH]	5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)		
(Last) (First) (Middle)	3. Date of Earliest Transaction			
C/O EHEALTH, INC., 440 EAST MIDDLEFIELD ROAD	(Month/Day/Year) 08/08/2007	Director 10% Owner _X_ Officer (give title Other (specify below)  Executive Vice President		
(Street)	4. If Amendment, Date Original	6. Individual or Joint/Group Filing(Check		
MOUNTAIN VIEW, CA 94043	Filed(Month/Day/Year)	Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person		

(City)	(State)	(Zip)	Table I - No	n-Derivative Securities Acquired, Disposed of, or Beneficially Owned
Title of	2 Transaction Date	2A Deemed	3	A Securities Acquired (A) 5 Amount of 6 7 Nature

1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year) Execution any (Month/D	Date, if Transacti Code	(A) or	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)
Common Stock	08/08/2007	M(1)	6,000 A \$ 1	31,000	I	By Trust
Common Stock	08/08/2007	S <u>(1)</u>	6,000 D \$ 21.8269	25,000	I	By Trust

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 control number.

SEC 1474

(9-02)

#### Edgar Filing: eHealth, Inc. - Form 4

## 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. Transactic Code (Instr. 8)	5. Number or Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	Derivative Expiration Date (Month/Day/Year) quired or sposed of str. 3, 4,		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Employee Stock Option (right to buy)	\$ 1	08/08/2007		M <u>(1)</u>	6,000	(3)	01/24/2012	Common Stock	6,000

## **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Telkamp Bruce C/O EHEALTH, INC. 440 EAST MIDDLEFIELD ROAD MOUNTAIN VIEW, CA 94043

**Executive Vice President** 

### **Signatures**

/s/ Jennifer Thompson, as attorney-in-fact for Bruce A. Telkamp

08/10/2007

\*\*Signature of Reporting Person

Date

## **Explanation of Responses:**

- \* 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).
- (1) All of the transactions reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan.
- (2) 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.
- (3) This option became fully vested and exercisable on 1/24/2006.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

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