eHealth, Inc. Form 4 May 21, 2008

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).

(C:+v)

(Print or Type Responses)

1. Name and Address of Reporting Person * Telkamp Bruce			2. Issuer Name and Ticker or Trading Symbol	5. Relationship of Reporting Person(s) Issuer		
			eHealth, Inc. [EHTH]	(Check all applicable)		
(Last)	(First) (Midd	e)	3. Date of Earliest Transaction			
			(Month/Day/Year)	Director 10% Owner		
C/O EHEALTH, INC., 440 EAST MIDDLEFIELD ROAD			05/19/2008	X Officer (give title Other (specify		
				below) below)		
				Executive Vice President		
(Street)			4. If Amendment, Date Original	6. Individual or Joint/Group Filing(Chec		
			Filed(Month/Day/Year)	Applicable Line)		
				X Form filed by One Reporting Person		
MOUNTAIN VIEW, CA 94043				Form filed by More than One Reporting		
				Person		

(City)	(State)	(Zip) Tab	le I - Non-l	Derivative	Secu	rities Acqui	red, Disposed of,	or Beneficiall	y 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)		sed of 4 and (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	05/19/2008		S(1)	2,000	D	\$ 24.7424	21,000	I	By Trust
Common Stock	05/20/2008		M(1)	2,917	A	\$ 8.8	23,917	I	By Trust
Common Stock	05/20/2008		S <u>(1)</u>	2,917	D	\$ 24.3	21,000	I	By Trust

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

(7:n)

(State)

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number.

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 omf 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 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)	\$ 8.8	05/20/2008		M <u>(1)</u>	379	(3)	12/14/2015	Common Stock	379
Employee Stock Option (right to buy)	\$ 8.8	05/20/2008		M <u>(1)</u>	2,538	(3)	12/14/2015	Common Stock	2,538

Reporting Owners

Reporting Owner Name / Address	Reporting Owner Name / Address			
	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

05/21/2008

**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)

Reporting Owners 2

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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) Immediately exercisable for all option shares. The option shares become vested as to 20% of the shares 1 year after December 14, 2005 and 1/60th of the shares upon completion of each month of continuous service thereafter.

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.