Gibbs Samuel C III Form 4 September 12, 2007

FORM 4

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

OMB Number: 3235-0287

Expires: January 31, 2005

OMB APPROVAL

Estimated average burden hours per response... 0.5

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

2. Issuer Name and Ticker or Trading

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

(Print or Type Responses)

1(b).

1. Name and Address of Reporting Person <u>*</u> Gibbs Samuel C III

Symbol
eHealth, Inc. [EHTH]

5. Relationship of Reporting Person(s) to Issuer

(Last) (First) (Middle)

(Street)

3. Date of Earliest Transaction

(Month/Day/Year)

09/10/2007

(Check all applicable)

Director _____ 10% Owner

Other (specify

C/O EHEALTH, INC., 440 EAST MIDDLEFIELD RD

4. If Amendment, Date Original

below)
Senior Vice President

6. Individual or Joint/Group Filing(Check

X_ Officer (give title

Filed(Month/Day/Year) Applicable Line)

X Form filed by One Reporting Person ___ Form filed by More than One Reporting

Person

MOUNTAIN VIEW, CA 94043

(City)	(State)	(Zip) Tab	ole I - Non-	Derivative	Secui	rities Acquir	ed, 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. Transactic Code (Instr. 8)	4. Securit onor Dispos (Instr. 3, 4	ed of		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	09/10/2007		M(1)	16,000	A	\$ 2	31,000	I	By Trust
Common Stock	09/10/2007		S <u>(1)</u>	8,000	D	\$ 22.8324	23,000	I	By Trust
Common Stock	09/10/2007		S <u>(1)</u>	8,000	D	\$ 23.8	15,000	I	By Trust
Common Stock	09/12/2007		M(1)	2,000	A	\$ 1	17,000	I	By Trust
Common Stock	09/12/2007		S <u>(1)</u>	2,000	D	\$ 24.5358	15,000	I	By Trust

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

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SEC 1474 (9-02)

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. Transactio Code (Instr. 8)	5. Number of Derivative Expiration D (Month/Day/ Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Underlying Securities		
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Employee Stock Option (right to buy)	\$ 2	09/10/2007		M <u>(1)</u>	1	16,000	(3)	09/12/2010	Common Stock	16,000
Employee Stock Option (right to buy)	\$ 1	09/12/2007		M <u>(1)</u>	-	2,000	<u>(4)</u>	01/24/2011	Common Stock	2,000

Reporting Owners

Reporting Owner Name / Address	Keiauonsnips						
	Director	10% Owner	Officer	Other			

Gibbs Samuel C III C/O EHEALTH, INC. 440 EAST MIDDLEFIELD RD

Senior Vice President

MOUNTAIN VIEW, CA 94043

Signatures

/s/ Jennifer Thompson, as attorney-in-fact for Samuel C.
Gibbs III 09/12/2007

**Signature of Reporting Person Date

Reporting Owners 2

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 Samuel C Gibbs & Cynthia B Gibbs, TTEEs u/a DTD 4/27/1995 Gibbs Revocable Trust.
- (3) Immediately exercisable for all option shares. This option became fully vested on 9/5/2004.
- (4) Immediately exercisable for all option shares. The option shares became fully vested on 1/24/2005.

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.