Edgar Filing: eHealth, Inc. - Form 4

eHealth, Ind Form 4 April 27, 20 FORN Check t if no lor subject Section Form 4 Form 5 obligati may con <i>See</i> Inst 1(b).	007 A 4 UNITED his box his box to 16. or Filed pur Section 17(MENT OF rsuant to S (a) of the F	Wa 7 CHAN ection 1 Public U	shingto NGES I SECU (6(a) of tility H	on, N UR	D.C. 20 BENEFI TTIES e Securit	549 (CIA ies E ipany	L OWN xchange y Act of	OMMISSION ERSHIP OF Act of 1934, 1935 or Section	OMB Number: Expires: Estimated a burden hour response	•	
(Print or Type	Responses)											
Wang Sheldon Symbol									5. Relationship of Reporting Person(s) to Issuer			
(Last) (First) (Middle) 3. Date of (Month/				ealth, Inc. [EHTH] Date of Earliest Transaction onth/Day/Year) /25/2007					(Check all applicable) <u></u> Director <u></u> 10% Owner <u></u> Officer (give title <u></u> Other (specify below) Sr. VP and Chief Tech. Officer			
									6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(State)	(Zip)	Tab	le I - Noi	n-D	Oerivative	Secur	ities Acqu	ired, Disposed of,	or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Date, if	Code (Instr. 8	3)	4. Securiti nor Disposi (Instr. 3, 4	ed of (and 5 (A) or	(D)	 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	0.1/0.5/0005			Code	V	Amount	(D)	Price		D		
Stock	04/25/2007			M <u>(1)</u>		3,000	А	\$ 0.5	78,000	D		
Common Stock	04/25/2007			M <u>(1)</u>		19,700	А	\$ 1	97,700	D		
Common Stock	04/25/2007			S <u>(1)</u>		3,000	D	\$ 21.912	94,700	D		
Common Stock	04/25/2007			S <u>(1)</u>		19,700	D	\$ 21.925	75,000	D		
Common Stock	04/26/2007			M <u>(1)</u>		30,300	А	\$ 1	105,300	D		

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Common Stock 04/26/2007

S<u>(1)</u> 30,300 D \$21.8 75,000

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.

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)	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 onDerivative 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)	\$ 0.5	04/25/2007		M <u>(1)</u>		3,000	(2)	09/02/2009	Common Stock	3,000
Employee Stock Option (right to buy)	\$ 1	04/25/2007		M <u>(1)</u>		19,700	<u>(3)</u>	01/24/2012	Common Stock	19,700
Employee Stock Option (right to buy)	\$ 1	04/26/2007		M <u>(1)</u>		30,300	<u>(3)</u>	01/24/2012	Common Stock	30,300

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Wang Sheldon C/O EHEALTH, INC. 440 EAST MIDDLEFIELD ROAD MOUNTAIN VIEW, CA 94040			Sr. VP and Chief Tech. Officer					

Signatures

/s/ Jennifer Thompson, as attorney-in-fact for Dr. Sheldon X. Wang

04/27/2007

**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) This option became fully vested and exercisable on 8/16/2003.
- (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.