Hurley Robert S Form 4 November 30, 2010

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB Number:

3235-0287 January 31, Expires: 2005

0.5

OMB APPROVAL

Estimated average burden hours per

response...

Check this box if no longer subject to Section 16. Form 4 or Form 5

obligations

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 may continue. 30(h) of the Investment Company Act of 1940 See Instruction

1(b).

(Print or Type Responses)

| 1. Name and Address of Reporting Person ** Hurley Robert S | | | 2. Issue Symbol | r Name and | Ticker or Trading | 5. Relationship of Reporting Person(s) to Issuer | | | | |
|--|------------|--------------|--|---------------------------|---------------------------|--|---|----|--|--|
| (Last) | (First) | (Middle) | eHealth, Inc. [EHTH] 3. Date of Earliest Transaction | | | (Check all applicable) | | | | |
| C/O EHEALTH, INC., 440 EAST MIDDLEFIELD RD | | | (Month/I 11/26/2 | Day/Year) 010 | | X_ Officer (gives below) | 2. — 10% Owner Other (specify below) Charrier Relations | у | | |
| | (Street) | | | endment, Danienth/Day/Yea | ate Original | Applicable Line) | oint/Group Filing(Check One Reporting Person | | | |
| MOUNTAI | N VIEW, CA | A 94043 | | | | • | More than One Reporting | | | |
| (City) | (State) | (Zip) | Tab | le I - Non-I | Derivative Securities Acq | uired, Disposed o | of, or Beneficially Owne | ed | | |
| 1.Title of | | Date 2A. Dee | | 3. | 4. Securities Acquired | | 6. Ownership 7. Natu | | | |

| | | | | | | _ | | | - |
|------------------------|--------------------------------------|-------------------------------|------------------|------------|-----------|-------------|-------------------------|---------------------------|-----------------------|
| 1.Title of Security | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if | 3. Transactio | 4. Securi | | * | 5. Amount of Securities | 6. Ownership Form: Direct | 7. Nature of Indirect |
| (Instr. 3) | | any | Code | (Instr. 3, | _ | | Beneficially | (D) or | Beneficial |
| | | (Month/Day/Year) | (Instr. 8) | | | | Owned | Indirect (I) | Ownership |
| | | | | | | | Following | (Instr. 4) | (Instr. 4) |
| | | | | | (4) | | Reported | | |
| | | | | | (A) | | Transaction(s) | | |
| | | | Code V | Amount | or (D) | Price | (Instr. 3 and 4) | | |
| Common Stock | 11/26/2010 | | S <u>(1)</u> | 1,381 | D | \$ 14.99 | 17,627 | D | |

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

Edgar Filing: Hurley Robert S - Form 4

| 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. Transacti Code (Instr. 8) | 5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, | | ate | 7. Titl Amou Under Securi (Instr. | nt of lying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr |
|---|---|---|---|---------------------------------------|--|-------------|------------|---|------------------------|--|---|
| | | | | | 4, and 5) | Date | Expiration | | Amount | | |
| | | | | Code V | (A) (D) | Exercisable | Date | Title | Number of Shares | | |

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Hurley Robert S C/O EHEALTH, INC. 440 EAST MIDDLEFIELD RD MOUNTAIN VIEW, CA 94043

Sr. VP, Carrier Relations

Signatures

/s/ Chi-Mei Cheng, as attorney-in-fact for Robert S. Hurley

11/30/2010

**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) This transaction was effected pursuant to a Rule 10b5-1 trading plan.

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.

Reporting Owners 2