Gibbs Samuel C III Form 3 May 25, 2007

#### UNITED STATES SECURITIES AND EXCHANGE COMMISSION FORM 3 Washington, D.C. 20549

**OMB APPROVAL** 

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**SECURITIES** 

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF

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. Name and Address of Reporting

Person \*

A Gibbs Samuel C III

(Last)

(First)

(Middle)

2. Date of Event Requiring 3. Issuer Name and Ticker or Trading Symbol

Statement

(Month/Day/Year)

05/22/2007

4. Relationship of Reporting Person(s) to Issuer

eHealth, Inc. [EHTH]

(Check all applicable)

5. If Amendment, Date Original

Filed(Month/Day/Year)

C/O EHEALTH, INC., 440 E.

MIDDLEFIELD RD

(Street)

Director \_X\_\_ Officer

10% Owner Other (give title below) (specify below)

6. Individual or Joint/Group Filing(Check Applicable Line) \_X\_ Form filed by One Reporting

Senior Vice President Person

Form filed by More than One

Reporting Person

**MOUNTAIN** VIEW. CAÂ 94043

1. Title of Security

(Instr. 4)

(City) (State) (Zip)

Table I - Non-Derivative Securities Beneficially Owned

2. Amount of Securities Beneficially Owned

(Instr. 4)

Ownership Form:

4. Nature of Indirect Beneficial Ownership (Instr. 5)

Direct (D) or Indirect

(I) (Instr. 5)

By Trust (1) Common Stock 15,000 I

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

SEC 1473 (7-02)

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2. Date Exercisable and

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

1. Title of Derivative Security (Instr. 4)

**Expiration Date** (Month/Day/Year)

3. Title and Amount of Securities Underlying **Derivative Security** 

Conversion or Exercise Price of

5. Ownership Form of Derivative

6. Nature of Indirect Beneficial Ownership (Instr. 5)

(Instr. 4)

Title

Derivative Security: Direct (D) Security

### Edgar Filing: Gibbs Samuel C III - Form 3

	Date Exercisable	Expiration Date		Amount or Number of Shares		or Indirect (I) (Instr. 5)	
Employee Stock Option (right to buy)	(2)	12/14/2015	Common Stock	11,363	\$ 8.8	D	Â
Employee Stock Option (right to buy)	(2)	12/14/2015	Common Stock	38,636	\$ 8.8	D	Â
Employee Stock Option (right to buy)	(3)	09/12/2010	Common Stock	50,000	\$ 2	D	Â
Employee Stock Option (right to buy)	(3)	09/12/2010	Common Stock	12,500	\$ 2	D	Â
Employee Stock Option (right to buy)	(4)	01/24/2011	Common Stock	58,500	\$ 1	D	Â

# **Reporting Owners**

440 E. MIDDLEFIELD RD

MOUNTAIN VIEW, CAÂ 94043

Reporting Owner Name / Address	Relationships					
r	Director	10% Owner	Officer	Other		
Gibbs Samuel C III						
C/O EHEALTH, INC.	â	â	Senior Vice President	â		
440 E MIDDI FEIELD DD	A	A	A Sellioi vice Flesidelli	A		

## **Signatures**

/s/ Jennifer Thompson, as attorney-in-fact for Samuel C
Gibbs III
05/25/2007

\*\*Signature of Reporting Person Date

# **Explanation of Responses:**

- \* If the form is filed by more than one reporting person, see Instruction 5(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) Shares are held by Samuel C Gibbs & Cynthia B Gibbs, TTEEs u/a DTD 4/27/1995 Gibbs Revocable Trust.
- (2) 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.
- (3) Currently fully vested and exercisable. The option became vested as to 25% of the shares one year from September 5, 2000 and 1/48th of the shares upon completion of each month of continuous service thereafter.
- (4) Currently fully vested and exercisable. The option became vested as to 25% of the shares 1 year after January 24, 2001 and 1/48th 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.

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