## Edgar Filing: eHealth, Inc. - Form 4

eHealth, Inc Form 4												
August 30, 2	2007											
FORM	ПЛ									PPROVAL		
		RITIES AND EXCHANGE COMMISSION shington, D.C. 20549					OMB Number:	3235-0287				
Check th if no long subject to Section 1 Form 4 of Form 5 obligation may com <i>See</i> Instr	<b>GES IN BENEFICIAL OWNERSHIP OF</b> <b>SECURITIES</b> 6(a) of the Securities Exchange Act of 1934, tility Holding Company Act of 1935 or Sectio westment Company Act of 1940					Expires:January 31Estimated averageburden hours perresponse0.5						
1(b).												
(Print or Type ]	Responses)											
LACOB JOSEPH Symbol				or Name <b>and</b> Ticker or Trading n, Inc. [EHTH]				5. Relationship of Reporting Person(s) to Issuer				
(Last)	(First) (N			Earliest Tr	-			(Chec	k all applicable	e)		
	VER PERKINS D & BYERS, 2750	(	Month/D )8/28/2(	ay/Year)				X Director Officer (give below)		o Owner er (specify		
	(Street)	Street) 4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person					
MENLO PA	ARK, CA 94025							Form filed by M Person	Iore than One Re	porting		
(City)	(State) (	(Zip)	Table	e I - Non-D	erivative Se	ecuriti	es Acq	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	ransaction Date 2A. Deemed nth/Day/Year) Execution Date, if any (Month/Day/Year)			4. Securitie n(A) or Disp (Instr. 3, 4) Amount	posed c	of (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 Stock	08/28/2007			J	7,671	А	\$0	15,342	D			
Common Stock	08/28/2007			J	8,359	A	\$0	16,718	I	By Lacob Ventures		
Common Stock	08/28/2007			J	1,411	А	\$0	2,822	I	By Lacob Trust		
Common Stock	08/28/2007			J	391,071	D	\$0	1,173,211	Ι	By "KPCB IX-A" (1)		
Common Stock	08/28/2007			J	12,073	D	\$0	36,219	Ι	By "KPCB IX-B" (1)		

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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.

 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)	4. Transactio Code (Instr. 8)	of	3	ate 'Year)	7. Title Amou Under Securi (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
			Code V	(Instr. 3, 4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

I

C 2 N

S

Reporting Owner Name / Address		Relationships						
r o o o o o o o o	Director	10% Owner	Officer	Other				
LACOB JOSEPH C/O KLEINER PERKINS CAUF 2750 SAND HILL ROAD MENLO PARK, CA 94025	ELD & BYERS X							
Signatures								
Joseph S. Lacob 08/30	/2007							

## **Explanation of Responses:**

\* If the form is filed by more than one reporting person, *see* Instruction 4(b)(v).

Date

\*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Mr. Lacob is a managing director of KPCB IX Associates, LLC, a CA limited liability corporation ("KPCB IX Associates"). KPCB IX Associates is the general partner of Kleiner Perkins Caufield & Byers IX-A, L.P., a CA limited partnership ("KPCB IX-A") and Kleiner

(1) Perkins Caufield & Byers IX-B, L.P., a CA limited partnership ("KPCB IX-B"). Mr. Lacob disclaims beneficial ownership of the shares of the Issuer's common stock held directly by KPCB IX-A, KPCB IX-B, Lacob Ventures and the Lacob Trust, except to the extent of any indirect pecuniary interest in his distributive share therein.

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.

<u>\*\*</u>Signature of Reporting Person