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

eHealth, Inc Form 4 June 15, 200												
FORM	ЛЛ	ITIES AND EXCHANGE COMMISSION										
	hington, D.C. 20549					Number:	3235-0287					
Check th if no long subject to Section 1 Form 4 of Form 5 obligation may com See Instr 1(b).	ger o 16. or Filed purs tinue. Section 17(a	suant to Se a) of the Pu	CHAN ection 10 ublic Ut	GES IN SECUR 6(a) of th ility Hole	BENEF SITIES e Securit	<b>CIAL</b> ies Ex	change Act of	NERSHIP OF e Act of 1934, 1935 or Section 0	Expires: Estimated a burden hou response	•		
(Print or Type ]	Responses)											
LACOB JOSEPH Symbol				r Name <b>and</b> Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer				
				Earliest Ti	ransaction			(Check all applicable)				
C/O KLEINER PERKINS 06/13/20 CAUFIELD & BYERS, 2750 SAND HILL ROAD				Day/Year) 007				X_ Director 10% Owner Officer (give title Other (specify below) below)				
				endment, Date Original nth/Day/Year)				<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>				
		·						Person				
(City)	(State)	(Zip)	Table	e I - Non-I	Derivative	Securiti	ies Acq	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deeme Execution any (Month/Da	Date, if	3. 4. Securities Acquired Transactior(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A) or Code V Amount (D) Price				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	06/13/2007			J	7,671	А	\$0	7,671	D			
Common Stock	06/13/2007			J	8,359	А	\$ 0	8,359	I	By Lacob Ventures		
Common Stock	06/13/2007			J	1,411	А	\$0	1,411	Ι	By Lacob Trust		
Common Stock	06/13/2007			J	391,071	D	\$0	1,564,282	Ι	By "KPCB IX-A" <u>(1)</u>		
Common Stock	06/13/2007			J	12,073	D	\$0	48,292	Ι	By "KPCB IX-B" <sup>(1)</sup>		

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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)		of	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owno 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**

L 2 N

S

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
LACOB JOSEPH C/O KLEINER PERKINS CAUFIELD & BYERS 2750 SAND HILL ROAD MENLO PARK, CA 94025	Х						
Signatures							
Joseph S. Lacob 06/15/2007							

## **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