eHealth, Inc. Form SC 13G/A February 12, 2010

SECURITIES & EXCHANGE COMMISSION Washington, D.C. 20549

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SCHEDULE 13G/A (Rule 13d-102)

INFORMATION TO BE INCLUDED IN STATEMENTS FILED PURSUANT TO RULES 13d-1(b), (c) AND (d) AND AMENDMENTS THERETO FILED PURSUANT TO 13d-2(b)

(Amendment No. 1) \*

eHealth, Inc. (Name of Issuer)

Common Stock, par value \$.001 (Title of Class of Securities)

28238P109 (CUSIP Number)

December 31, 2009 (Date of Event Which Requires Filing of this Statement)

Check the appropriate box to designate the rule pursuant to which this Schedule is filed:

- [ ] Rule 13d-1(b)
- [x] Rule 13d-1(c)
- [ ] Rule 13d-1(d)

(Page 1 of 20 Pages)

\*The remainder of this cover page shall be filled out for a reporting person's initial filing on this form with respect to the subject class of securities, and for any subsequent amendment containing information which would alter the disclosures provided in a prior cover page.

The information required in the remainder of this cover page shall not be deemed to be "filed" for purposes of Section 18 of the Securities Exchange Act of 1934 ("Act") or otherwise subject to the liabilities of that section of the Act but shall be subject to all other provisions of the Act (however, see the Notes).

\_\_\_\_\_

| (1)         | NAMES OF REPORTING PERSONS HealthCor Management, L.P. |   |  |                    |  |  |  |  |
|-------------|---|---|--|--------------------|--|--|--|--|
| (2)         | CHECE   | <br>K TH                                      | E APPROPRIATE BOX IF A MEMBER OF A GROUP                                 |                    |  |  |  |  |
| ` '         | (see instructions)                                    |   |  |                    |  |  |  |  |
| (3)         | SEC USE ONLY  |   |  |                    |  |  |  |  |
| (4)         |   | CITIZENSHIP OR PLACE OF ORGANIZATION Delaware |  |                    |  |  |  |  |
| NUMBER OF   |   | (5)   | SOLE VOTING POWER 0  |                    |  |  |  |  |
| SHARES      | -   |   |  |                    |  |  |  |  |
|             | LY  |   | SHARED VOTING POWER 1,726,300  |                    |  |  |  |  |
| OWNED BY    | -   |   |  |                    |  |  |  |  |
| EACH        |   | (7)   | SOLE DISPOSITIVE POWER 0   |                    |  |  |  |  |
| REPORTING   | -   |   |  |                    |  |  |  |  |
| PERSON WITH | H   | (8)   | SHARED DISPOSITIVE POWER 1,726,300                                       |                    |  |  |  |  |
| (9)         | BY I  |   | TE AMOUNT BENEFICIALLY OWNED REPORTING PERSON 00                         |                    |  |  |  |  |
| (10)        |   |   | OX IF THE AGGREGATE AMOUNT (9) EXCLUDES CERTAIN SHARES(see instructions) | [ ]                |  |  |  |  |
| (11)        |   | AMOU!   | OF CLASS REPRESENTED NT IN ROW (9)                                       |                    |  |  |  |  |
| (12)        | TYPI<br>PN  | E OF  | REPORTING PERSON (see instructions)                                      |                    |  |  |  |  |
| CUSIP No. 2 | 282381  | ₽109  | 13G/A Page 3 of  | 20 Pages           |  |  |  |  |
| (1)         |   |   | F REPORTING PERSONS<br>or Associates, LLC                                |                    |  |  |  |  |
| (2)         | CHE   | CK T  | HE APPROPRIATE BOX IF A MEMBER OF A GROUP (see instructions)             | (a) [X]<br>(b) [ ] |  |  |  |  |

| (3)         | SEC USE ONLY       |   |             |  |  |  |
|-------------|--------------------|---|-------------|--|--|--|
| (4)         | CITIZEN<br>Delawar | ISHIP OR PLACE OF ORGANIZATION  |             |  |  |  |
| NUMBER OF   | (5)                | SOLE VOTING POWER<br>0  |             |  |  |  |
| SHARES      |                    |   |             |  |  |  |
|             | Y (6)              | SHARED VOTING POWER 1,726,300   |             |  |  |  |
| OWNED BY    |                    |   |             |  |  |  |
| EACH        | (7)                | SOLE DISPOSITIVE POWER 0  |             |  |  |  |
| REPORTING   |                    |   |             |  |  |  |
| PERSON WITH |                    | SHARED DISPOSITIVE POWER 1,726,300  |             |  |  |  |
| (9)         |                    | ATE AMOUNT BENEFICIALLY OWNED REPORTING PERSON                              |             |  |  |  |
| (10)        |                    | BOX IF THE AGGREGATE AMOUNT  (9) EXCLUDES CERTAIN SHARES (see instructions) | [ ]         |  |  |  |
| (11)        |                    | OF CLASS REPRESENTED  UNT IN ROW (9)  |             |  |  |  |
| (12)        |                    | REPORTING PERSON (see instructions) mited liability company                 |             |  |  |  |
| CUSIP No. 2 | 8238P109           | ) 13G/A Page 4 (  | of 20 Pages |  |  |  |
|             |                    |   |             |  |  |  |
| (1)         |                    | OF REPORTING PERSONS<br>Cor Offshore, Ltd.                                  |             |  |  |  |
| (2)         | CHECK T            | THE APPROPRIATE BOX IF A MEMBER OF A GROUP (see instructions)               | (a) [X]     |  |  |  |
|             |                    |   |             |  |  |  |
| (3)         | SEC USE            | ONLY  |             |  |  |  |
| (4)         |                    | ISHIP OR PLACE OF ORGANIZATION Islands                                      |             |  |  |  |
|             | (5)                | SOLE VOTING POWER 0   |             |  |  |  |
| SHARES      |                    |   |             |  |  |  |
| BENEFICIALL | Y (6)              | SHARED VOTING POWER   |             |  |  |  |

| OWNED BY              |          | 1,036,455   |  |  |  |  |  |  |
|-----------------------|----------|---|--|--|--|--|--|--|
| EACH                  | , ,      | SOLE DISPOSITIVE POWER 0  |  |  |  |  |  |  |
| REPORTING PERSON WITH |          | SHARED DISPOSITIVE POWER 1,036,455  |  |  |  |  |  |  |
| (9)                   | BY EACH  | AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON 1,036,455                      |  |  |  |  |  |  |
| (10)                  |          | CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES (see instructions) [ ] |  |  |  |  |  |  |
| (11)                  |          | I OF CLASS REPRESENTED UNT IN ROW (9)   |  |  |  |  |  |  |
| (12)                  |          | F REPORTING PERSON (see instructions) imited company  |  |  |  |  |  |  |
| CUSIP No. 2           | 8238P109 | 9 13G/A Page 5 of 20 Pages  |  |  |  |  |  |  |
| (1)                   |          | OF REPORTING PERSONS<br>Cor Offshore Master Fund, L.P.                                      |  |  |  |  |  |  |
| (2)                   | CHECK 1  | THE APPROPRIATE BOX IF A MEMBER OF A GROUP  (see instructions)  (a) [X] (b) []              |  |  |  |  |  |  |
| (3)                   | SEC USE  | E ONLY  |  |  |  |  |  |  |
| (4)                   |          | NSHIP OR PLACE OF ORGANIZATION<br>Islands   |  |  |  |  |  |  |
| NUMBER OF             | (5)      | SOLE VOTING POWER<br>0  |  |  |  |  |  |  |
| SHARES                | V (6)    | SHARED VOTING POWER   |  |  |  |  |  |  |
| OWNED BY              |          | 1,036,455   |  |  |  |  |  |  |
| EACH                  | (7)      | SOLE DISPOSITIVE POWER 0  |  |  |  |  |  |  |
| REPORTING PERSON WITH | (8)      | SHARED DISPOSITIVE POWER 1,036,455  |  |  |  |  |  |  |

| (9)          | AGGREGATE AMOUNT BENEFICIALLY OWNED<br>BY EACH REPORTING PERSON<br>1,036,455                |          |  |  |  |  |  |  |
|--------------|---|----------|--|--|--|--|--|--|
| (10)         | CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES (see instructions) [ ] |          |  |  |  |  |  |  |
| (11)         | PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW (9) 4.44%                                     |          |  |  |  |  |  |  |
| (12)         | TYPE OF REPORTING PERSON (see instructions)  OO - limited company                           |          |  |  |  |  |  |  |
|              |   |          |  |  |  |  |  |  |
| CUSIP No. 28 | 3238P109 13G/A Page 6 of  | 20 Pages |  |  |  |  |  |  |
| (1)          | NAMES OF REPORTING PERSONS<br>HealthCor Offshore GP, LLC                                    |          |  |  |  |  |  |  |
| (2)          | CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP (see instructions)                         | (a) [X]  |  |  |  |  |  |  |
|              |   | (b) [ ]  |  |  |  |  |  |  |
| (3)          | SEC USE ONLY  |          |  |  |  |  |  |  |
| (4)          | CITIZENSHIP OR PLACE OF ORGANIZATION Cayman Islands   |          |  |  |  |  |  |  |
| NUMBER OF    | (5) SOLE VOTING POWER 0   |          |  |  |  |  |  |  |
|              | Y (6) SHARED VOTING POWER 1,036,455   |          |  |  |  |  |  |  |
| OWNED BY     | 1,030,433   |          |  |  |  |  |  |  |
| EACH         | (7) SOLE DISPOSITIVE POWER 0  |          |  |  |  |  |  |  |
| REPORTING    |   |          |  |  |  |  |  |  |
| PERSON WITH  | (8) SHARED DISPOSITIVE POWER 1,036,455  |          |  |  |  |  |  |  |
| (9)          | AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON 1,036,455                      |          |  |  |  |  |  |  |
| (10)         | CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES (see instructions)     |          |  |  |  |  |  |  |
| (11)         | PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW (9) 4.44%                                     |          |  |  |  |  |  |  |

| (12)           |                   | REPORTING PERSON (see instructions) mited company                       |                    |
|----------------|-------------------|---|--------------------|
| CUSIP No. 2    | 8238P109          | 13G/A Page  | 7 of 20 Pages      |
| (1)            |                   | F REPORTING PERSONS<br>or Hybrid Offshore, Ltd.                         |                    |
| (2)            | CHECK T           | HE APPROPRIATE BOX IF A MEMBER OF A GROUP (see instructions)            | (a) [X]<br>(b) [ ] |
| (3)            | SEC USE           | ONLY  |                    |
| (4)            | CITIZEN<br>Cayman | SHIP OR PLACE OF ORGANIZATION Islands                                   |                    |
| IUMBER OF      | (5)               | SOLE VOTING POWER   |                    |
| SHARES         |                   |   |                    |
| BENEFICIALL    | Y (6)             | SHARED VOTING POWER 234,028   |                    |
| CACH REPORTING | . ,               | SOLE DISPOSITIVE POWER 0  |                    |
| PERSON WITH    | (8)               | SHARED DISPOSITIVE POWER 234,028  |                    |
| (9)            |                   | TE AMOUNT BENEFICIALLY OWNED REPORTING PERSON                           |                    |
| (10)           |                   | OX IF THE AGGREGATE AMOUNT (9) EXCLUDES CERTAIN SHARES (see instruction | ns) []             |
| (11)           |                   | OF CLASS REPRESENTED<br>NT IN ROW (9)                                   |                    |
| (12)           |                   | REPORTING PERSON (see instructions) mited company                       |                    |

| (1)                   | NAMES OF REPORTING PERSONS<br>HealthCor Hybrid Offshore Master Fund, L.P.               |                    |
|-----------------------|---|--------------------|
| (2)                   | CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP (see instructions)                     | (a) [X]<br>(b) [ ] |
| (3)                   | SEC USE ONLY  |                    |
| (4)                   | CITIZENSHIP OR PLACE OF ORGANIZATION Cayman Islands                                     |                    |
| NUMBER OF             | (5) SOLE VOTING POWER 0   |                    |
|                       | (6) SHARED VOTING POWER 234,028   |                    |
| OWNED BY EACH         | (7) SOLE DISPOSITIVE POWER 0  |                    |
| REPORTING PERSON WITH | (8) SHARED DISPOSITIVE POWER 234,028  |                    |
| (9)                   | AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON 234,028                    |                    |
| (10)                  | CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES (see instructions) | [ ]                |
| (11)                  | PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW (9) 1.00%                                 |                    |
| (12)                  | TYPE OF REPORTING PERSON (see instructions) OO - limited company                        |                    |
|                       |   |                    |
| CUSIP No. 28          | 2238P109 13G/A Page 9 o   | f 20 Pages         |
| (1)                   | NAMES OF REPORTING PERSONS<br>HealthCor Hybrid Offshore GP, LLC                         |                    |
| (2)                   | CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP (see instructions)                     | (a) [X]            |

|              |   |   | (b) [ ]           |  |  |  |  |  |
|--------------|---|---|-------------------|--|--|--|--|--|
| (3)          | SEC USE ONLY  |   |                   |  |  |  |  |  |
| (4)          | CITIZENSHIP OR PLACE OF ORGANIZATION Cayman Islands     |   |                   |  |  |  |  |  |
| NUMBER OF    | (5)   | SOLE VOTING POWER   |                   |  |  |  |  |  |
| SHARES       |   | 0   |                   |  |  |  |  |  |
| BENEFICIALL  | Y (6)   | SHARED VOTING POWER 234,028   |                   |  |  |  |  |  |
| OWNED BY     |   |   |                   |  |  |  |  |  |
| EACH         | (7)   | SOLE DISPOSITIVE POWER 0  |                   |  |  |  |  |  |
| REPORTING    |   |   |                   |  |  |  |  |  |
| PERSON WITH  | (8)   | SHARED DISPOSITIVE POWER 234,028  |                   |  |  |  |  |  |
| (9)          |   | FE AMOUNT BENEFICIALLY OWNED  REPORTING PERSON                            |                   |  |  |  |  |  |
| (10)         |   | OX IF THE AGGREGATE AMOUNT (9) EXCLUDES CERTAIN SHARES (see instructions) | [ ]               |  |  |  |  |  |
| (11)         | PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW (9) 1.00% |   |                   |  |  |  |  |  |
| (12)         |   | REPORTING PERSON (see instructions) mited company                         |                   |  |  |  |  |  |
| CUSIP No. 28 | 8238P109  | 13G/A Page 10 o   | of 20 Pages       |  |  |  |  |  |
| (1)          |   | F REPORTING PERSONS<br>or Group, LLC                                      |                   |  |  |  |  |  |
| (2)          | CHECK T   | HE APPROPRIATE BOX IF A MEMBER OF A GROUP (see instructions)              | (a) [X]<br>(b) [] |  |  |  |  |  |
| (3)          | SEC USE   | ONLY  |                   |  |  |  |  |  |
| (4)          | CITIZEN<br>Delawar                                      | SHIP OR PLACE OF ORGANIZATION<br>e  |                   |  |  |  |  |  |
| NUMBER OF    | (5)   | SOLE VOTING POWER 0   |                   |  |  |  |  |  |
| SHARES       |   |   |                   |  |  |  |  |  |

| BENEFICIALLY  | Y (6)  | SHARED VOTING POWER   |  |  |  |  |  |  |
|---|--|---|--|--|--|--|--|--|
| OWNED BY  |  | 1,726,300<br>   |  |  |  |  |  |  |
| EACH  | (7)  | SOLE DISPOSITIVE POWER 0  |  |  |  |  |  |  |
| REPORTING   |  |   |  |  |  |  |  |  |
| PERSON WITH   | (8)  | 8) SHARED DISPOSITIVE POWER<br>1,726,300  |  |  |  |  |  |  |
| (9)   | AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON 1,726,300 |   |  |  |  |  |  |  |
| (10)  |  | BOX IF THE AGGREGATE AMOUNT  (9) EXCLUDES CERTAIN SHARES (see instructions) [ ]   |  |  |  |  |  |  |
| (11)  |  | I OF CLASS REPRESENTED  JNT IN ROW (9)  |  |  |  |  |  |  |
| (12)  |  | F REPORTING PERSON (see instructions) imited liability company  |  |  |  |  |  |  |
| CUSIP No. 28  | 3238P109   | 9 13G/A Page 11 of 20 Pages   |  |  |  |  |  |  |
| (1)   | (1) NAMES OF REPORTING PERSONS HealthCor Capital, L.P.                 |   |  |  |  |  |  |  |
| (2) CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP (see instructions) |  |   |  |  |  |  |  |  |
|   | CHECK 1  | THE APPROPRIATE BOX IF A MEMBER OF A GROUP  (see instructions)  |  |  |  |  |  |  |
|   | CHECK 1  | THE APPROPRIATE BOX IF A MEMBER OF A GROUP  |  |  |  |  |  |  |
| (3)   | CHECK 1  | THE APPROPRIATE BOX IF A MEMBER OF A GROUP  (see instructions)  (a) [X] (b) []  |  |  |  |  |  |  |
|   | SEC USE  | THE APPROPRIATE BOX IF A MEMBER OF A GROUP  (see instructions)  (a) [X] (b) []  E ONLY  NSHIP OR PLACE OF ORGANIZATION re   |  |  |  |  |  |  |
| (4)   | SEC USF  | THE APPROPRIATE BOX IF A MEMBER OF A GROUP  (see instructions)  (a) [X]  (b) []  E ONLY  NSHIP OR PLACE OF ORGANIZATION  re  SOLE VOTING POWER  |  |  |  |  |  |  |
| (4)   | SEC USF  | THE APPROPRIATE BOX IF A MEMBER OF A GROUP  (see instructions)  (a) [X]  (b) [ ]  E ONLY  NSHIP OR PLACE OF ORGANIZATION re   |  |  |  |  |  |  |
| (4)  NUMBER OF  SHARES  BENEFICIALL                                     | SEC USF<br>CITIZEN<br>Delawan<br>(5)                                   | THE APPROPRIATE BOX IF A MEMBER OF A GROUP  (see instructions)  (a) [X]  (b) []  E ONLY  NSHIP OR PLACE OF ORGANIZATION  re  SOLE VOTING POWER  0  SHARED VOTING POWER  455,817                         |  |  |  |  |  |  |
| (4)  NUMBER OF  SHARES  BENEFICIALLY  OWNED BY                          | SEC USE CITIZEN Delawan (5)  | THE APPROPRIATE BOX IF A MEMBER OF A GROUP  (see instructions)  (a) [X]  (b) []  E ONLY  NSHIP OR PLACE OF ORGANIZATION  re  SOLE VOTING POWER  0  SHARED VOTING POWER  455,817                         |  |  |  |  |  |  |
| (4)  NUMBER OF  SHARES  BENEFICIALL                                     | SEC USE CITIZEN Delawan (5)  | THE APPROPRIATE BOX IF A MEMBER OF A GROUP  (see instructions)  (a) [X]  (b) []  E ONLY  NSHIP OR PLACE OF ORGANIZATION  re  SOLE VOTING POWER  0  SHARED VOTING POWER  455,817                         |  |  |  |  |  |  |
| (4)  NUMBER OF  SHARES  BENEFICIALLY  OWNED BY                          | SEC USE CITIZEN Delawan (5)  | THE APPROPRIATE BOX IF A MEMBER OF A GROUP  (see instructions)  (a) [X]  (b) []  E ONLY  NSHIP OR PLACE OF ORGANIZATION  re  SOLE VOTING POWER  0  SHARED VOTING POWER  455,817  SOLE DISPOSITIVE POWER |  |  |  |  |  |  |

455,817

| (9)         |                | ACH REPORT          | NT BENEFICIALI           | LY OWNED      |        |             |          |       |
|-------------|----------------|---------------------|--------------------------|---------------|--------|-------------|----------|-------|
| (10)        |                |                     | HE AGGREGATE A           |               | (see   | instructior | ns)      | [ ]   |
| (11)        |                | MOUNT IN R          | SS REPRESENTEI<br>OW (9) | )             |        |             |          |       |
| (12)        | TYPE<br>PN     | OF REPORT           | ING PERSON (se           | ee instru     | action | ns)         |          |       |
|             |                |                     |                          |               |        |             |          |       |
| CUSIP No. 2 | 8238P1         | 109                 | 13G,                     | /A            |        | Page 1      | .2 of 20 | Pages |
| (1)         |                | S OF REPOR          | TING PERSONS             |               |        |             |          |       |
| (2)         | CHECK          | <br>K THE APPR      | OPRIATE BOX II           | <br>F A MEMBE | ER OF  | A GROUP     |          |       |
|             |                |                     |                          | (see ir       | nstruo | ctions)     | (a)      | [X]   |
|             |                |                     |                          |               |        |             |          | [ ]   |
| (3)         | SEC U          | JSE ONLY            |                          |               |        |             |          |       |
| (4)         | CITIZ<br>Delav |                     | PLACE OF ORGA            | ANIZATION     | 1      |             |          |       |
| NUMBER OF   | ( ;            | 5) SOLE V<br>0      | OTING POWER              |               |        |             |          |       |
|             | Y (6           | 6) SHARED<br>455,81 | VOTING POWER             |               |        |             |          |       |
| OWNED BY    |                |                     |                          |               |        |             |          |       |
| EACH        | ( 7            | 7) SOLE D<br>0      | ISPOSITIVE POW           | VER           |        |             |          |       |
| REPORTING   |                |                     |                          |               |        |             |          |       |
| PERSON WITH | 3)             | 3) SHARED<br>455,81 | DISPOSITIVE F            |               |        |             |          |       |
| (9)         |                | ACH REPORT<br>317   | NT BENEFICIALI           | LY OWNED      |        |             |          |       |
| (10)        |                | K BOX IF T          | HE AGGREGATE A           | TNUOMA        |        |             |          |       |
| (11)        | PERCE          | ENT OF CLA          | SS REPRESENTEI           | <br>)         |        |             |          |       |

|                          | BY AMOU           | IT IN ROW (9)   |                 |                    |
|--------------------------|-------------------|---|-----------------|--------------------|
| (12)                     | TYPE OF<br>PN     | REPORTING PERSON (see instruct                              | ions)           |                    |
|                          |                   |   |                 |                    |
| CUSIP No. 2              | 8238P109          | 13G/A   | Page 13 of      | 20 Pages           |
| (1)                      | NAMES O<br>Arthur | REPORTING PERSONS   |                 |                    |
| (2)                      | CHECK T           | IE APPROPRIATE BOX IF A MEMBER (see inst                    | ructions)       | (a) [X]<br>(b) [ ] |
| (3)                      | SEC USE           | ONLY  |                 |                    |
| (4)                      | CITIZEN<br>United | SHIP OR PLACE OF ORGANIZATION                               |                 |                    |
| NUMBER OF                | (5)               | SOLE VOTING POWER   |                 |                    |
| BENEFICIALI              | .Y (6)<br>        | SHARED VOTING POWER 1,726,300                               |                 |                    |
| EACH                     | (7)               | SOLE DISPOSITIVE POWER 0                                    |                 |                    |
| REPORTING<br>PERSON WITH | <br>I (8)         | SHARED DISPOSITIVE POWER 1,726,300                          |                 |                    |
| (9)                      |                   | E AMOUNT BENEFICIALLY OWNED REPORTING PERSON                |                 |                    |
| (10)                     |                   | OX IF THE AGGREGATE AMOUNT  (9) EXCLUDES CERTAIN SHARES (se | e instructions) | [ ]                |
| (11)                     |                   | OF CLASS REPRESENTED  |                 |                    |
| (12)                     | TYPE OF           | REPORTING PERSON (see instruct                              | ions)           |                    |
|                          |                   |   |                 |                    |

| CUSIP No. 2 | 823       | 8P109     | )   | 13G/A     |                             | Page :     | 14 of 20 | ) Pages  |
|-------------|-----------|-----------|---|-----------|-----------------------------|------------|----------|----------|
| (1)         |           |           | DF REPORTING P<br>Healey                          | ERSONS    |                             |            |          |          |
| (2)         | CHI       | <br>ECK 1 | THE APPROPRIAT                                    |           | A MEMBER OF<br>(see instruc |            |          | [X]      |
| (3)         | SE        | C USE     | E ONLY  |           |                             |            |          |          |
| (4)         |           |           | NSHIP OR PLACE<br>States                          | OF ORGAN  | IZATION                     |            |          |          |
| NUMBER OF   |           | (5)       | SOLE VOTING                                       | POWER     |                             |            |          |          |
|             | Y         | (6)       | SHARED VOTIN<br>1,726,300                         | G POWER   |                             |            |          |          |
| EACH        |           | (7)       | SOLE DISPOSI                                      | TIVE POWE | R                           |            |          |          |
| REPORTING   |           |           |   |           |                             |            |          |          |
| PERSON WITH |           | (8)       | SHARED DISPO                                      | SITIVE PO | WER                         |            |          |          |
| (9)         | ВҮ        |           | ATE AMOUNT BEN<br>I REPORTING PE<br>300           |           | OWNED                       |            |          |          |
| (10)        |           |           | BOX IF THE AGG                                    |           |                             | nstruction | ns)      | [ ]      |
| (11)        | ВҮ        |           | OF CLASS REP                                      | RESENTED  |                             |            |          |          |
| (12)        | TYI<br>IN | PE OF     | F REPORTING PE                                    | RSON (see | instruction                 | s)         |          |          |
| QUQTD N C   |           | 0.01.00   |   | 100/      | 7                           |            | - 15 . 6 | 20 5     |
| CUSIP No. 2 | &∠3¦      | ρΡΙΟS     | 1   | 13G/      | A                           | Page       | e 15 Oİ  | 20 Pages |
| Item 1(a).  |           |           | e of Issuer:                                      |           |                             |            |          |          |
| Item 1(b).  |           | 440       | ress of Issuer<br>East Middlefi<br>ntain View, CA | eld Road  | pal Executiv                | e Offices  | :        |          |

#### Item 2(a, b, c). Name of Person Filing:

- (i) HealthCor Management, L.P., a Delaware limited partnership; Carnegie Hall Tower, 152 West 57th Street, 47th Floor, New York, New York 10019;
- (ii) HealthCor Associates, LLC, a Delaware limited liability company, Carnegie Hall Tower, 152 West 57th Street, 47th Floor, New York, New York 10019;
- (iii) HealthCor Offshore, Ltd., a Cayman Islands limited company, Carnegie Hall Tower, 152 West 57th Street, 47th Floor, New York, New York 10019;
- (iv) HealthCor Offshore Master Fund, L.P., a Cayman Islands limited partnership, Carnegie Hall Tower, 152 West 57th Street, 47th Floor, New York, New York 10019;
- (v) HealthCor Offshore GP, LLC, a Delaware limited liability company, Carnegie Hall Tower, 152 West 57th Street, 47th Floor, New York, New York 10019;
- (vi) HealthCor Hybrid Offshore, Ltd., a Cayman Islands limited company, Carnegie Hall Tower, 152 West 57th Street, 47th Floor, New York, New York 10019;
- (vii) HealthCor Hybrid Offshore Master Fund, L.P., a Cayman Islands limited partnership, Carnegie Hall Tower, 152 West 57th Street, 47th Floor, New York, New York 10019;
- (viii) HealthCor Hybrid Offshore GP, LLC, a Delaware limited liability company, Carnegie Hall Tower, 152 West 57th Street, 47th Floor, New York, New York 10019;
- (ix) HealthCor Group, LLC, a Delaware limited liability company, Carnegie Hall Tower, 152 West 57th Street, 47th Floor, New York, New York 10019;
- (x) HealthCor Capital, L.P., a Delaware limited partnership, Carnegie Hall Tower, 152 West 57th Street, 47th Floor, New York, New York 10019;
- (xi) HealthCor, L.P., a Delaware limited partnership, Carnegie Hall Tower, 152 West 57th Street, 47th Floor, New York, New York 10019;

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- (xii) Joseph Healey; Carnegie Hall Tower, 152 West 57th Street, 47th Floor, New York, New York 10019; and
- (xiii) Arthur Cohen, 12 South Main Street, #203 Norwalk, Ct 06854.

Both Mr. Healey and Mr. Cohen are United States citizens.

The persons at (i) through (xiii) above are collectively referred to herein as the "Reporting Persons".

Item 2(e). CUSIP Number: 28238P109

Item 3. Not applicable.

Item 4. Ownership.

The information required by Items 4(a) - (c) is set forth in Rows 5 - 11 of the cover page for each Reporting Person hereto and is incorporated herein by reference for each such Reporting Person.

Collectively, HealthCor, L.P., Healthcor Offshore Master Fund, L.P. and HealthCor Hybrid Offshore Master Fund, L.P. (each a "Fund" and together, the "Funds") are the beneficial owners of a total of 1,726,300 shares of the Common Stock of the Issuer. By virtue of their position as feeder funds, HealthCor Offshore, Ltd. and HealthCor Hybrid Offshore, Ltd. may be deemed beneficial owners of the shares of Common Stock owned by HealthCor Offshore Master Fund, L.P., and HealthCor Hybrid Offshore Master Fund, L.P., respectively.

HealthCor Offshore GP, LLC is the general partner of HealthCor Offshore Master Fund, L.P. Accordingly, HealthCor Offshore GP, LLC may be deemed to beneficially own the shares of Common Stock that are beneficially owned by HealthCor Offshore Master Fund, L.P. HealthCor Group, LLC is the general partner of HealthCor Offshore GP, LLC and, therefore, may be deemed to beneficially own the shares of Common Stock that are beneficially owned by HealthCor Offshore Master Fund, L.P.

HealthCor Hybrid Offshore GP, LLC is the general partner of HealthCor Hybrid Offshore Master Fund, L.P. Accordingly, HealthCor Hybrid Offshore GP, LLC may be deemed to beneficially own the shares of Common Stock that are beneficially owned by HealthCor Hybrid Offshore Master Fund, L.P. HealthCor Group, LLC is the general partner of HealthCor Hybrid Offshore GP, LLC and, therefore, may be deemed to beneficially own the shares of Common Stock that are beneficially owned by HealthCor Hybrid Offshore Master Fund, L.P.

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By virtue of its position as the investment manager of the Funds, HealthCor Management, L.P. may be deemed a beneficial owner of all the shares of Common Stock owned by the Funds. HealthCor Associates, LLC is the general partner of HealthCor Management, L.P. and thus may also be deemed to beneficially own the shares of Common Stock that are beneficially owned by the Funds.

HealthCor Group LLC is the general partner of HealthCor Capital, L.P., which is in turn the general partner of

HealthCor, L.P. Accordingly, each of HealthCor Capital L.P. and HealthCor Group, LLC may be deemed to beneficially own the shares of Common Stock that are beneficially owned by HealthCor, L.P.

As the Managers of HealthCor Associates, LLC, Arthur Cohen and Joseph Healey exercise both voting and investment power with respect to the shares of Common Stock reported herein, and therefore each may be deemed a beneficial owner of such Common Stock.

Each of the Reporting Persons hereby disclaims any beneficial ownership of any such Shares in excess of their actual pecuniary interest therein.

#### Item 5. Ownership of Five Percent or Less of a Class:

If this statement is being filed to report the fact that as of the date hereof the reporting person has ceased to be the beneficial owner of more than five percent of the class of securities, check the following [].

- Item 6. Ownership of More than Five Percent on Behalf of Another Person. Not Applicable
- Item 7. Identification and Classification of the Subsidiary Which Acquired the Security Being Reported on by the Parent Holding Company. Not Applicable
- Item 8. Identification and Classification of Members of the Group. Not Applicable
- Item 9. Notice of Dissolution of Group.
  Not Applicable

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#### Item 10. Certification.

By signing below I certify that, to the best of my knowledge and belief, the securities referred to above were not acquired and are not held for the purpose of or with the effect of changing or influencing the control of the issuer of the securities and were not acquired and are not held in connection with or as a participant in any transaction having that purpose or effect.

Exhibits:

Exhibit I: Joint Acquisition Statement, dated as of February 12, 2010.

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#### SIGNATURE

After reasonable inquiry and to the best of my knowledge and belief, I certify that the information set forth in this statement is true, complete and correct.

DATED: February 12, 2010

HEALTHCOR MANAGEMENT, L.P., for itself and as manager on behalf of (i) HEALTHCOR OFFSHORE, LTD. and (ii) HEALTHCOR HYBRID OFFSHORE, LTD.

By: HealthCor Associates, LLC, its general partner

By: /s/ John H. Coghlin

Name: John H. Coghlin Title: General Counsel

<code>HEALTHCOR</code> CAPITAL, L.P., for itself and as general partner on behalf of <code>HEALTHCOR</code> L.P.

By: HealthCor Group, LLC, its general partner

By: /s/ John H. Coghlin

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Name: John H. Coghlin Title: General Counsel

HEALTHCOR OFFSHORE GP, LLC, for itself and as general partner of behalf of HEALTHCOR OFFSHORE MASTER FUND, L.P.

By: HealthCor Group, LLC, its general partner

By: /s/ John H. Coghlin

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Name: John H. Coghlin Title: General Counsel

HEALTHCOR HYBRID OFFSHORE GP, LLC, for itself and as general partner of behalf of HEALTHCOR HYBRID OFFSHORE MASTER FUND, L.P.

By: HealthCor Group, LLC, its general partner

By: /s/ John H. Coghlin

\_\_\_\_\_

Name: John H. Coghlin Title: General Counsel

HEALTHCOR ASSOCIATES, LLC

By: /s/ John H. Coghlin

\_\_\_\_\_

Name: John H. Coghlin Title: General Counsel

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HEALTHCOR GROUP, LLC

By: /s/ John H. Coghlin

\_\_\_\_\_

Name: John H. Coghlin Title: General Counsel

JOSEPH HEALEY, Individually

/s/ Joseph Healey

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ARTHUR COHEN, Individually

/s/ Arthur Cohen

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EXHIBIT 1

JOINT ACQUISITION STATEMENT PURSUANT TO RULE 13d-1(k)

The undersigned acknowledge and agree that the foregoing statement on

Schedule 13G/A is filed on behalf of each of the undersigned and that all subsequent amendments to this statement on Schedule 13G/A shall be filed on behalf of each of the undersigned without the necessity of filing additional joint acquisition statements. The undersigned acknowledge that each shall be responsible for the completeness and accuracy of the information concerning the others, except to the extent that he or it knows or has reason to believe that such information is inaccurate.

Dated: February 12, 2010

HEALTHCOR MANAGEMENT, L.P., for itself and as manager on behalf of (i) HEALTHCOR OFFSHORE, LTD. and (ii) HEALTHCOR HYBRID OFFSHORE, LTD.

By: HealthCor Associates, LLC, its general partner

By: /s/ John H. Coghlin

Name: John H. Coghlin Title: General Counsel

HEALTHCOR CAPITAL, L.P., for itself and as general partner on behalf of HEALTHCOR L.P.

By: HealthCor Group, LLC, its general partner

By: /s/ John H. Coghlin

\_\_\_\_\_

Name: John H. Coghlin Title: General Counsel

HEALTHCOR OFFSHORE GP, LLC, for itself and as general partner of behalf of HEALTHCOR OFFSHORE MASTER FUND, L.P.

By: HealthCor Group, LLC, its general partner

By: /s/ John H. Coghlin

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Name: John H. Coghlin Title: General Counsel

HEALTHCOR HYBRID OFFSHORE GP, LLC, for itself and as general partner of behalf of HEALTHCOR HYBRID OFFSHORE MASTER FUND, L.P.

By: HealthCor Group, LLC, its general partner

By: /s/ John H. Coghlin

\_\_\_\_\_

Name: John H. Coghlin Title: General Counsel

HEALTHCOR ASSOCIATES, LLC

By: /s/ John H. Coghlin

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Name: John H. Coghlin Title: General Counsel

HEALTHCOR GROUP, LLC

By: /s/ John H. Coghlin

Name: John H. Coghlin

Title: General Counsel

JOSEPH HEALEY, Individually

/s/ Joseph Healey

ARTHUR COHEN, Individually

/s/ Arthur Cohen