FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 Estimated average burden hours per response: 0.5

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1(0). 0	ee instruction i	· .																	
1. Name ar	2. Issuer Name and Ticker or Trading Symbol Health Catalyst, Inc. [HCAT]									Relationship of Reporting Person(s) to Issuer (Check all applicable)									
Aigel J											Director			10% Ov					
-										1	Office belov	er (give title v)		Other (s	specify				
(Last)	(Fir		3. Date of Earliest Transaction (Month/Day/Year)								Chief Financial Officer								
C/O HE	ALTH CAT	09/06/2024																	
10897 S	OUTH RIV																		
	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable										
(Street)														Line)					
SOUTH UT 84095														Form filed by One Reporting Person					
JORDAN													Form filed by More than One Reporting Person						
(C:t-1)	y) (State) (Zip)																		
(City)	(50	(2 	Zip)																
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of	ion				3. 4. Securities Acquired (A)									7. Nature					
Date (Month/Day/						Year) Execution Date, if any (Month/Day/Year			Transaction Disposed Of (D) (Instr. 3 5)			ıstr. 3, 4	Benefic Owned		cially (D) or Indirect	of Indirect Beneficial Ownership	
									Code	v	Amount	(A) or Pric		e		ted action(s) 3 and 4)			(Instr. 4)
Common	024				S ⁽¹⁾		2,899	D	\$7.	3911 11		14,106		D					
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
		Idi	oie ii -								convertib				Owne	u			
1. Title of	2.	3. Transaction	emed	4.	4. Transaction Code (Instr.		5. Number of Derivative		Expiration Date			7. Title and Amount of Securities		Price of	9. Number			Beneficial Ownership	
Derivative Security	Conversion or Exercise Price of	Date (Month/Day/Year)		Execution Date, if any (Month/Day/Year)										rivative curity	derivative Securities		Ownership Form:		
(Instr. 3)							Securities		Underlying			rlying	(Instr. 5)		Beneficially	y I	Direct (D)		
Derivative Security							Acquired (A) or		Derivative Security (Ins					r.		Owned Following		or Indirect (I) (Instr. 4)	(Instr. 4)
	Coodain,					Disposed of (D) (Instr. 3, 4		3 and 4)							Reported		` , (,		
														Transaction(s) (Instr. 4)					
						and 5									<u> </u>				
													Amour	ıt]					
													or Numbe	r					
				Code	v	(A)	(D)	Date Exerci	sable	Expiration Date	Title	of Shares							
	I		l .			I	ı ` ′	ı`′			1	1 ' '	1	- 1		I	- 1		1

Explanation of Responses:

1. The sale reported on this Form 4 was made pursuant to a written trading plan adopted by the Reporting Person on March 13th, 2024, in accordance with Rule 10b5-1.

Remarks:

/s/Benjamin Landry, as

09/10/2024

Attorney-in-Fact

** Signature of Reporting Person Date

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

- * 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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 Number.