FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

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OMB APPROVAL 3235-0287 Estimated average burden

0.5

hours per response:

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* Smith S. Dawn					Issuer Name and Ticker or Trading Symbol     Health Catalyst, Inc. [ HCAT ]      Date of Earliest Transaction (Month/Day/Year)										k all app Direc	nship of Reportin I applicable) Director Officer (give title		rson(s) to Is  10% Ov  Other (s	wner
(Last)	(Last) (First) (Middle)				06/13/2024										below			below)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
C/O HEALTH CATALYST, INC.					4. If Amendment, Date of Original Filed (Month/Day/Year)								.)	6. Individual or Joint/Group Filing (Check Applicable					
10897 SOUTH RIVER FRONT PARKWAY, #300													Line)  Form filed by One Reporting Person						
(Street)				,										Form filed by More than One Reporting Person					
SOUTH JORDAN	N UI	8	4095		Rule 10b5-1(c) Transaction Indication														
(City)	(Sta	ate) (Z	Zip)		Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.										nded to				
		Table	I - No	n-Deriva	tive S	Secu	rities	Acq	uired	, Dis	posed of	, or E	3enefi	cially	/ Own	ed			
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day			Execution Date,			Date,	3. Transaction Code (Instr. 8)  4. Securities Acquired Disposed Of (D) (Instr. 5)				, 4 and Secu Bene Own		rities F ficially (led Following (l		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
							Code	v	Amount	(A) (D)		ice	Reported Transaction( (Instr. 3 and				(111501. 4)		
Common Stock 06/13			06/13/2	2024		A		20,807(1	) /	A \$	0.00	.00 65,461			D				
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)	rivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any		Code (Instr. 8)		5. Nu of Deriv Secu Acqu (A) or Dispo of (D) (Instrand 5	rities lired r osed ) r. 3, 4	Expiration Da		te Amor ear) Secu Unde Deriv		int of Dirities Sirlying (Instive		Price of rivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisable		Expiration Date	Title	Amour or Number of Shares	er					

## **Explanation of Responses:**

1. Represents an award of RSUs granted pursuant to the 2019 Plan. Each RSU represents a contingent right to receive one share of the Issuer's common stock. Subject to the terms of the 2019 Plan, the RSUs will fully vest on the earlier of (i) the one-year anniversary of the grant date or (ii) the date of the next Annual Meeting of the Issuer's Stockholders.

## Remarks:

/s/Benjamin Landry, as Attorney-in-Fact

06/17/2024

\*\* Signature of Reporting Person

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.