The Securities and Exchange Commission has not necessarily reviewed the information in this filing and has not determined if it is accurate and complete.

The reader should not assume that the information is accurate and complete.

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 FORM D

Notice of Exempt Offering of Securities

OMB APPROVAL OMB 3235-Number: 0076 Estimated average burden hours per response: 4.00

1. Issuer's Identity

CIK (Filer ID Nun	nher)	revious Names	None		Entity Type
<u>0001636422</u>	НС	QC Holdin	gs, Inc.	Σ	Corporation
Name of Issue					Limited Partnership
Health Catalyst, Inc.					Limited Liability Company
Jurisdiction o					General Partnership
Incorporation/Organ	nization				Business Trust
DELAWARE					Other (Specify)
Year of Incorpora	tion/Organization	l			
X Over Five Years Ago					
Within Last Five Years (S	pecify Year)				
Yet to Be Formed					
2. Principal Place of Business	s and Contact Info	rmation			
Name	of Issuer				
Health Catalyst, Inc.					
Street A	Address 1			Street Ac	ldress 2
3165 E. Millrock, Suite 400					
City	State/Province	/Country	ZIP/Pos	stalCode	Phone Number of Issuer
Salt Lake City	UTAH		84121	8	801-708-6800
3. Related Persons					
Last Name		Firs	st Name		Middle Name
Burton	Daniel			D	
Street Address 1		Street	Address 2		
3165 E Millrock, Suite 400					
City	S	State/Prov	/ince/Country		ZIP/PostalCode
Salt Lake City	UTAH			84121	
Relationship: X Executive (Officer X Director	Promote	er		
Clarification of Response (if	Necessary):				
Last Name		Firs	t Name		Middle Name
Nelli	Patrick				
Street Address 1		Street	Address 2		
3165 E. Millrock, Suite 400					
City	5	State/Prov	/ince/Country		ZIP/PostalCode
Salt Lake City	UTAH		5	84121	
Relationship: X Executive (Officer Director	Promote	er		
_					

Clarification of Response (if Necessary):

Last Name	First Name	Middle Name
Orenstein Street Address 1	Daniel Street Address 2	
3165 East Millrock, Suite 400		
City	State/Province/Country	ZIP/PostalCode
Salt Lake City	UTAH	84121
Relationship: X Executive Officer	Director Promoter	
Clarification of Response (if Necessa	ry):	
Last Name	First Name	Middle Name
Kane	John	
Street Address 1	Street Address 2	
3165 East Millrock, Suite 400 City	State/Province/Country	ZIP/PostalCode
Salt Lake City	UTAH	84121
Relationship: Executive Officer X		
Clarification of Response (if Necessa		
· 、		
Last Name Bullock	First Name Fraser	Middle Name
Street Address 1	Fraser Street Address 2	
3165 East Millrock, Suite 400	Succi Aduless 2	
City	State/Province/Country	ZIP/PostalCode
Salt Lake City	UTAH	84121
Relationship: Executive Officer X	Director Promoter	
Clarification of Response (if Necessa	ry):	
Last Name	First Name	Middle Name
Dixon	Michael	
Street Address 1	Street Address 2	
3165 East Millrock, Suite 400		
City Salt Lake City	State/Province/Country UTAH	ZIP/PostalCode 84121
Relationship: Executive Officer X		04121
rendoming. Executive Officer A		
Clarification of Response (if Necessa	ry):	
Last Name	First Name	Middle Name
Cozzens	Todd	
Street Address 1	Street Address 2	
3165 East Millrock, Suite 400	State/Dravin co/Country-	ZIP/PostalCode
City Salt Lake City	State/Province/Country UTAH	84121
Relationship: Executive Officer X		
Clarification of Response (if Necessa		
	ıy <i>)</i> .	
Last Name	First Name	Middle Name
Haque	Promod	
Street Address 1	Street Address 2	
3165 E. Millrock, Suite 400 City	State/Province/Country	ZIP/PostalCode
Salt Lake City	UTAH	84121

Relationship: Executive Officer X Director Promoter

Clarification of Response (if Necessary):

Last Name		First Name		Middle Name
Wheeler	Penny			
Street Address 1		Street Address 2		
3165 E. Millrock, Suite 400				
City	Sta	ate/Province/Country		ZIP/PostalCode
Salt Lake City	UTAH		84121	
Relationship: Executive Officer 2	X Director 1	Promoter		
Clarification of Response (if Necess	ary):			
Last Name		First Name		Middle Name
Pramoda	Anita			
Street Address 1		Street Address 2		
3165 E. Millrock, Suite 400				
City	Sta	ate/Province/Country		ZIP/PostalCode
Salt Lake City	UTAH		84121	
Relationship: Executive Officer 2	X Director 1	Promoter		
Clarification of Response (if Necess	ary):			
Last Name		First Name		Middle Name
Gallagher	Duncan			
Street Address 1		Street Address 2		
3165 E. Millrock, Suite 400				
City	Sta	ate/Province/Country		ZIP/PostalCode
Salt Lake City	UTAH		84121	
Relationship: Executive Officer 2	X Director 1	Promoter		
Clarification of Response (if Necess	ary):			

4. Industry Group

Agriculture Banking & Financial Services	Health Care Biotechnology	Retailing Restaurants
Commercial Banking Insurance Investing Investment Banking	Health Insurance Hospitals & Physicians Pharmaceuticals	Technology Computers Telecommunications
Pooled Investment Fund Is the issuer registered as	Other Health Care Manufacturing	X Other Technology Travel
an investment company under the Investment Company Act of 1940?	Real Estate Commercial	Airlines & Airports Lodging & Conventions
Yes No	Construction	Tourism & Travel Services
Other Banking & Financial Services	REITS & Finance	Other Travel
Business Services Energy Coal Mining	Residential Other Real Estate	Other
Electric Utilities		
Energy Conservation		

Environmental Services

Oil & Gas

Other Energy

5. Issuer Size

Revenue Range	OR	Aggregate Net Asset Value Range
No Revenues		No Aggregate Net Asset Value
\$1 - \$1,000,000		\$1 - \$5,000,000
\$1,000,001 - \$5,000,000		\$5,000,001 - \$25,000,000
\$5,000,001 - \$25,000,000		\$25,000,001 - \$50,000,000
\$25,000,001 - \$100,000,000		\$50,000,001 - \$100,000,000
Over \$100,000,000		Over \$100,000,000
X Decline to Disclose		Decline to Disclose
Not Applicable		Not Applicable

6. Federal Exemption(s) and Exclusion(s) Claimed (select all that apply)

	Investment Company Act Section 3(c)			
Rule 504(b)(1) (not (i), (ii) or (iii))	Section 3(c)(1)	Section 3(c)(9)		
Rule 504 (b)(1)(i)	Section 3(c)(2)	Section 3(c)(10)		
Rule 504 (b)(1)(ii)	Section 3(c)(3)	Section 3(c)(11)		
Rule 504 (b)(1)(iii) X Rule 506(b)	Section 3(c)(4)	Section 3(c)(12)		
Rule 506(c)	Section 3(c)(5)	Section 3(c)(13)		
Securities Act Section 4(a)(5)	Section 3(c)(6)	Section 3(c)(14)		
	Section 3(c)(7)			

- 7. Type of Filing
- X New Notice Date of First Sale X First Sale Yet to Occur Amendment
- 8. Duration of Offering

Does the Issuer intend this offering to last more than one year? Yes X No

9. Type(s) of Securities Offered (select all that apply)

X Equity	Pooled Investment Fund Interests
Debt	Tenant-in-Common Securities
Option, Warrant or Other Right to Acquire Another Security	Mineral Property Securities
Security to be Acquired Upon Exercise of Option, Warrant or Other Right to Acquire Security	Other (describe)

10. Business Combination Transaction

Is this offering being made in connection with a business combination transaction, such as a merger, acquisition or exchange offer? Yes X No

Clarification of Response (if Necessary):

11. Minimum Investment

Minimum investment accepted from any outside investor \$0 USD

12. Sales Compensation

Recipient CRD Number X None Recipient (Associated) Broker or Dealer CRD Number X None (Associated) Broker or Dealer X None **Street Address 1** City State(s) of Solicitation (select all that apply) All States Check "All States" or check individual States 13. Offering and Sales Amounts **Total Offering Amount** \$25,000,000 USD or Indefinite Total Amount Sold \$0 USD Total Remaining to be Sold \$25,000,000 USD or Indefinite

Clarification of Response (if Necessary):

14. Investors

Select if securities in the offering have been or may be sold to persons who do not qualify as accredited investors, and enter the number of such non-accredited investors who already have invested in the offering. Regardless of whether securities in the offering have been or may be sold to persons who do not qualify as accredited investors, enter the total number of investors who already have invested in the offering:

15. Sales Commissions & Finder's Fees Expenses

Provide separately the amounts of sales commissions and finders fees expenses, if any. If the amount of an expenditure is not known, provide an estimate and check the box next to the amount.

Sales Commissions	\$0 USD	Estimate
Finders' Fees	\$0 USD	Estimate

Clarification of Response (if Necessary):

16. Use of Proceeds

Provide the amount of the gross proceeds of the offering that has been or is proposed to be used for payments to any of the persons required to be named as executive officers, directors or promoters in response to Item 3 above. If the amount is unknown, provide an estimate and check the box next to the amount.

> \$0 USD Estimate

Clarification of Response (if Necessary):

Signature and Submission

Please verify the information you have entered and review the Terms of Submission below before signing and clicking SUBMIT below to file this notice.

Terms of Submission

In submitting this notice, each issuer named above is:

- Notifying the SEC and/or each State in which this notice is filed of the offering of securities described and undertaking to furnish them, upon written request, in the accordance with applicable law, the information furnished to offerees.*
- Irrevocably appointing each of the Secretary of the SEC and, the Securities Administrator or other legally designated officer of the State in which the issuer maintains its principal place of business and any State in which this notice is filed, as its agents for service of process, and agreeing that these persons may accept service on its behalf, of any notice, process or pleading, and further agreeing that such service may be made by registered or certified mail, in any Federal or state action, administrative proceeding, or arbitration brought against the issuer in any place subject to the jurisdiction of the United States, if the action, proceeding or arbitration (a) arises out of any activity in connection with the offering of securities that is the subject of this notice, and (b) is founded, directly or indirectly, upon the provisions of: (i) the Securities Act of 1933, the Securities Exchange Act of 1934, the Trust Indenture Act of 1939, the Investment Company Act of 1940, or the Investment Advisers Act of 1940, or any rule or regulation under any of these statutes, or (ii) the laws of the State in which the issuer maintains its principal place of business or any State in which this notice is filed.

Street Address 2

State/Province/Country

ZIP/Postal Code

0

Foreign/non-US

• Certifying that, if the issuer is claiming a Regulation D exemption for the offering, the issuer is not disqualified from relying on Rule 504 or Rule 506 for one of the reasons stated in Rule 504(b)(3) or Rule 506(d).

Each Issuer identified above has read this notice, knows the contents to be true, and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

For signature, type in the signer's name or other letters or characters adopted or authorized as the signer's signature.

Issuer	Signature	Name of Signer	Title	Date
Health Catalyst, Inc.	/s/ J. Patrick Nelli Jr.	J. Patrick Nelli Jr.	Chief Financial Officer	2017-10-12

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.

* This undertaking does not affect any limits Section 102(a) of the National Securities Markets Improvement Act of 1996 ("NSMIA") [Pub. L. No. 104-290, 110 Stat. 3416 (Oct. 11, 1996)] imposes on the ability of States to require information. As a result, if the securities that are the subject of this Form D are "covered securities" for purposes of NSMIA, whether in all instances or due to the nature of the offering that is the subject of this Form D, States cannot routinely require offering materials under this undertaking or otherwise and can require offering materials only to the extent NSMIA permits them to do so under NSMIA's preservation of their anti-fraud authority.