FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

wasinigton,	D.O. 20043	

OMB APPROVAL

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

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

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* <u>Llewelyn Linda</u>				2. Issuer Name and Ticker or Trading Symbol Health Catalyst, Inc. [ HCAT ]								tionship of Reportin all applicable) Director		10% Ov		ner			
(Last)	(Fir	st) (MALYST, INC.	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 01/16/2024									X	Officer (give title below)  Chief Peop		ple C	Other (specify below)	
10897 SOUTH RIVER FRONT PARKWAY, #300				4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable ine)  X Form filed by One Reporting Person							
(Street) SOUTH JORDAN	, UI	2 8	4095											X		filed by Mo		•	- 1
(City)		ate) (Z	Zip)		Rule 10b5-1(c) Transaction Indication  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 - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/				Execution Date,			3. Transaction Code (Instr. 8)  4. Securities Disposed Of					Benefi		ties cially I Following	Form (D) o	r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership		
							Code	v	Amount	(A) or (D)	Price		Transa	Reported Fransaction(s) Instr. 3 and 4)			(Instr. 4)		
Common Stock 01/16/20				024			S <sup>(1)</sup>		3,163	D	\$10.82	271 68,0		8,048		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)	privative   Conversion   Date   Execution Date, curity   or Exercise   (Month/Day/Year)   if any		4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		ate	7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)			vative de urity Se r. 5) Be O' Fo Re Tr	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exerc	isable	Expiration Date	Title	Amount or Number of Shares						

## **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 May 23, 2023 in accordance with Rule 10b5-1.

## Remarks:

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

\*\* Signature of Reporting Person Date

01/18/2024

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.