FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

Dixon (Last)	Michael I		Middle)		Susuer Name and Ticker or Trading Symbol Health Catalyst, Inc. [HCAT] Date of Earliest Transaction (Month/Day/Year) 04/17/2020								k all app	tor r (give title	ng Pers	son(s) to Is 10% Ov Other (s below)	vner		
	LLROCK I	DRIVE, #400	4121		4. If <i>I</i>	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Indi Line)	ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(Sta		Zip)																
1. Title of Security (Instr. 3) 2. Transact Date (Month/Date				tion 2A. Deemed Execution Date,			d	3. Transaction Code (Instr. 5)				uired (A	A) or 5. Amou		unt of ies	Form	: Direct	7. Nature of Indirect Beneficial	
(Hondan				(nth/Day/Year)		Sode (8)	v	Amount	(A) or (D)		rice	Owned Following Reported Transaction(s) (Instr. 3 and 4)		(i) (Instr. 4)		Ownership (Instr. 4)
Common Stock 04/17/2					2020			J ⁽¹⁾		4,520	A \$		0.00	39,717			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)	ve Conversion Date Execution Date, or Exercise (Month/Day/Year) if any		on Date,	4. Transaction Code (Instr. 8)		of Deriv Secu Acqu (A) o Dispo of (D (Insti	of		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		De Se (In	Price of rivative curity str. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Owners Form: Direct (I or Indire (I) (Instr	Ownership	Beneficial Ownership t (Instr. 4)	
					Code V		(A)		Date Exercisable		Expiration Date	Title	or Numb of Share	er					

Explanation of Responses:

1. Represents a pro rata distribution for no consideration.

Remarks:

/s/ Daniel Orenstein, as Attorney-in-Fact

04/21/2020

** 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.