FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

VIIIEO A	VIAD EV	CHANCE	
Washington	D C 20540		

OMB APPR	ROVAL
OMB Number:	3235-0287
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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 10b5-

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(c). Se	ee Instruction 1	0.																	
1. Name and Address of Reporting Person* Landry Benjamin				2. Issuer Name and Ticker or Trading Symbol Health Catalyst, Inc. [HCAT]								Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner							
<u>Editary Bonjamin</u>												_	0.00			o Owner er (specify			
					2 De	oto of E	orling	Trong	naction (Month	/Doy/Voor)			V	Officer (give title Other below)				
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 12/01/2024								General Counsel						
10897 S. RIVER FRONT PARKWAY, #300				12.00.202															
(Street)					4. If /	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable					
SOUTH	_ U1		4095											Line)	Line) Form filed by One Reporting Person				
JORDAN	1	. 0	4073												Form filed by More than One Reporting				
															Person				
(City)	(Sta	ate) (Z	Zip)																
		Table	I - No	n-Deriva	tive S	Secu	rities	Acc	uired	, Dis	posed of	, or E	Benef	ficiall	y Own	ed			
1. Title of S	Security (Inst	r. 3)		2. Transact	tion						4. Securities						6. Ownershi		
Date (Month/Day				y/Year)	Year) Execution Date, if any (Month/Day/Year)			Transaction Disposed Of (D) (Instr. 3, 4 5)			Benefi		cially (D)	Form: Direct (D) or Indire (I) (Instr. 4)					
				'		1				(A) or Price			Reported Transaction(s)			(Instr. 4)			
									Code	٧	Amount	(D)	Pri	ice		3 and 4)			
Common	Stock			12/01/2	024			F ⁽¹⁾		9,419 D		\$8	3.9732	91,518		D			
		Tal	ole II -	- Derivati	ive Se	curi	ties /	Acqu	ired,	Disp	osed of,	or Be	enefic	cially	Owne	d	,	<u>, </u>	
				(e.g., pu	ıts, ca	alls, v	warra	ants,	optio	ns, o	convertib	le se	curit	ies)					
Security or Exercise (Month/Day/Year) if any		tion Date, n/Day/Year) 4. Transa Code (i				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 erivative ecurity estr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owners Form: Direct (or Indir (I) (Insti	Beneficial Ownership ect (Instr. 4)					
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amou or Numb of Share	per					

Explanation of Responses:

Remarks:

/s/ Benjamin Landry

12/03/2024

** 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.

^{1.} Represents the number of shares required to be sold by the Reporting Person to cover tax withholding obligations in connection with the vesting of Issuer's Restricted Stock Units. This sale is mandated by the Issuer's election under its equity incentive plans to require the satisfaction of tax withholding obligations to be funded by a "sell to cover" transaction and does not represent a discretionary trade by the Reporting Person.