FORM 3

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

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL OMB Number 3235-0104

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

Name and Address of Reporting Person*     Orenstein Daniel H.				Event Requiring //Year) 19	Statement	3. Issuer Name and Ticker or Trading Symbol Health Catalyst, Inc. [ HCAT ]						
(Last) C/O HEALTH CATA		(Middle)				Relationship of Reporting Person(s) to Issuer (Check all applicable)     Director	10% Owner	10% Owner		5. If Amendment, Date of Original Filed (Month/Day/Year)		
3165 MILLROCK DRIVE, #400  (Street) SALT LAKE CITY UT 84121					X Officer (give title below)  General Couns	Other (specify	below)	1	Form filed by On	illing (Check Applicable Line) e Reporting Person re than One Reporting Person		
(City)	(State)	(Zip)										
Table I - Non-Derivative Securities Beneficially Owned												
					2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)			4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)												
1. Title of Derivative Security (Instr. 4)				2. Date Exercisable Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying D (Instr. 4)	erivative Security	4. Conver Exercise of Derivat	Price	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
				Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Security				
Stock Option (Right to Buy) (1)				(1)	02/10/2026	Common Stock	175,000	10.3	4	D		
Stock Option (Right to Buy) (2) 09/27/2021					09/27/2028	Common Stock	25,000	10.8		D		
Explanation of Responses:  1. 25% of the shares vested on December 31, 2016; and the remaining 75% vest in 36 equal monthly installments thereafter.  2. 25% of the shares shall vest on September 25, 2019; and the remaining 75% vest in 36 equal monthly installments thereafter.												

## Remarks:

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

/s/ Daniel Orenstein \*\* Signature of Reporting Person 07/24/2019

\*\* If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

\*\* Intentional misstatements or omissions of facts constitute Federal Ciriminal 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.

POWER OF ATTORNEY

Know all by these presents, that the undersigned hereby constitutes and appoints each of J. Patrick Nelli and Jason Alger, signing singly, the undersigned's true and

- (1) execute for and on behalf of the undersigned, in the undersigned's capacity as an officer and/or director of Health Catalyst, Inc. (the "Company"), (i) Form 1
- (2) do and perform any and all acts for and on behalf of the undersigned which may be necessary or desirable to complete and execute any such Form 3, 4 or 5, Sche
- take any other action of any type whatsoever in connection with the foregoing which, in the opinion of such attorney-in-fact, may be of benefit to, in the best The undersigned hereby grants to each such attorney-in-fact full power and authority to do and perform any and every act and thing whatsoever requisite, necessary, of This Power of Attorney shall remain in full force and effect until the undersigned is no longer required to file Forms 3, 4 and 5 with respect to the undersigned's half remain in full force and effect until the undersigned is no longer required to file Forms 3, 4 and 5 with respect to the undersigned's half remain in full force and effect until the undersigned is no longer required to file Forms 3, 4 and 5 with respect to the undersigned's half remain in full force and effect until the undersigned is no longer required to file Forms 3, 4 and 5 with respect to the undersigned is no longer required to file Forms 3, 4 and 5 with respect to the undersigned is no longer required to file Forms 3, 4 and 5 with respect to the undersigned is no longer required to file Forms 3, 4 and 5 with respect to the undersigned is no longer required to file Forms 3, 4 and 5 with respect to the undersigned is no longer required to file Forms 3, 4 and 5 with respect to the undersigned is no longer required to file Forms 3, 4 and 5 with respect to the undersigned is no longer required to file Forms 3, 4 and 5 with respect to the undersigned is no longer required to file Forms 3, 4 and 5 with respect to the undersigned is no longer required to file Forms 3, 4 and 5 with respect to the undersigned is no longer required to file Forms 3, 4 and 5 with respect to the undersigned is no longer required to file Forms 3, 4 and 5 with respect to the undersigned is no longer required to file Forms 3, 4 and 5 with respect to the undersigned is no longer required to file Forms 3, 4 and 5 with respect to the undersigned is no longer required to file Forms 3.

IN WITNESS WHEREOF, the undersigned has caused this Power of Attorney to be executed as of this 24th day of July, 2019.

/s/ Daniel Orenstein

Name: Daniel Orenstein