FORM 4

Section 16. Form 4 or Form 5 obligations may continue. See

Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP
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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 10b5-1(c). See Instruction 10.

Check this box if no longer subject to

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 a	nd Address of	Penorting Person*			2. Issuer Name and Ticker or Trading Symbol									5.	5. Relationship of Reporting Person(s) to Issuer					
Name and Address of Reporting Person* Llewelyn Linda						Health Catalyst, Inc. [HCAT]									(Check all applicable)					
<u>Lieweryn Emda</u>								_	_		_				Dire	ctor er (give title		10% Ov Other (s		
(Leet)										-	belo			below)	specify					
(Last)	3. Date of Earliest Transaction (Month/Day/Year) 10/15/2024									Chief People Officer										
C/O HEALTH CATALYST, INC. 10897 SOUTH RIVER FRONT PARKWAY, #300						10/13/2027														
10897 S																				
(0)						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable					
(Street) SOUTH															Line) Form filed by One Reporting Person					
JORDAN UT 84095															Form filed by One Reporting Person Form filed by More than One Reporting					
															Person					
(City)	(Sta	ate) (Z	Zip)																	
,																				
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3) 2. Transact						tion 2A. Deemed Execution Date,			3. 4. Securities Acquired (A Transaction Disposed Of (D) (Instr. 3,									7. Nature of Indirect		
(Month/Day					y/Year) if any (Month/Day/Year)			Code (Instr. 5)				Owne	icially d Following		(Instr. 4)	Beneficial Ownership				
								Code	v	Amount	(A (D) or	Price		ted action(s) 3 and 4)			(Instr. 4)		
										_		+	_	•	<u></u>	 		_		
Common Stock 10/15/2						2024			S ⁽¹⁾		1,324	D \$8		\$8.	16 1	5 114,275		D		
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
				(e.g., pu	ts, ca	alls, v	warra	ants,	option	ns, c	onvertib	le se	ecur	ities) _					
1. Title of	2.	3. Transaction	3A. Dee		4. Transaction Code (Instr.				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities			8. Price of	9. Number of		10.	11. Nature	
Derivative Security	Conversion or Exercise	Date (Month/Day/Year)	Execution Execution	on Date,											Derivative Security	derivative Securities		Ownership Form:	of Indirect Beneficial	
(Instr. 3)	nstr. 3) Price of (Month/Da			Day/Year)	8)		Securities Acquired		Underlying Derivative				(Instr. 5)	Beneficially Owned		Direct (D) or Indirect	Ownership (Instr. 4)			
	Security				(A) or Disposed					Security (Ins 3 and 4)			nstr.		Following Reported		(I) (Instr. 4)	, ,		
					of (D))							Transactio	n(s)				
							and 5									(Instr. 4)				
				İ									Amount							
									or Number											
				Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	of	ares							

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 March 12, 2024 in accordance with Rule 10b5-1.

Remarks:

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

10/17/2024

** 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.