FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington,	D.C.	20549	

Check this box if no longer subject
to Section 16. Form 4 or Form 5
obligations may continue. See
Inaterial 1/h)

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person*     Llewelyn Linda				2. Issuer Name and Ticker or Trading Symbol Health Catalyst, Inc. [ HCAT ]							(Che	eck all app Direc	,	ng Pers	son(s) to Is: 10% Ow Other (s	ner			
(Last)	(Fir	st) (MALYST, INC.	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 05/15/2024							)	below		ple O	below)	респу		
10897 SOUTH RIVER FRONT PARKWAY, #300			4. If Amendment, Date of Original Filed (Month/Day/Year)						Line	6. Individual or Joint/Group Filing (Check Applicable Line)									
(Street) SOUTH JORDAN												X Form filed by One Reporting Person  Form filed by More than One Reporting  Person							
(City)	(Sta	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 satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.								uction or writ	tten plar	n that is inte	nded to			
		Table	I - Nor	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or E	3enet	ficial	ly Own	ed			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)			ay/Year) Execut		Deemed cution Date, ny nth/Day/Year)				es Acquired (A Of (D) (Instr. 3,			Benefic	ies cially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
							Code	v	Amount	(A) (D)	or P	rice	Transa	ction(s) 3 and 4)		[	Instr. 4)		
Common Stock 05/15/				05/15/2	/2024			S <sup>(1)</sup>		2,066	I	)	\$7	12	124,160		D		
		Tal									osed of, o				Owne	d			
1. Title of Derivative Security (Instr. 3)	Derivative Conversion Date Security or Exercise (Month/Day/Year) if any		4. Transaction Code (Instr. 8)		of		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4)		S (I	. Price of Derivative Security Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4		Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	Amou or Numb of Share	per					

## **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

05/17/2024

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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.