FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPRO	DVAL								
OMB Number:	3235-0287								
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hours per response:	0.5								

	Check this box if no longer subjec
٦.	to Section 16. Form 4 or Form 5
J	obligations may continue. See
	Instruction 1(b).

## 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

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	nd Address of Benjami	2. Issuer Name <b>and</b> Ticker or Trading Symbol Health Catalyst, Inc. [ HCAT ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner										
(Last)	Date of Earliest Transaction (Month/Day/Year)     Oc.(01/2022)									X		er (give title v)		Other (s							
` ′	00/01	06/01/2023								General Counsel											
10897 S. RIVER FRONT PARKWAY, #300						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable							
(Street)															Line)  X Form filed by One Reporting Person						
SOUTH	OUTH													Form filed by One Reporting Person  Form filed by More than One Reporting							
JORDAI	JORDAN UT 84095													Person							
(City) (State) (Zip)						Rule 10b5-1(c) Transaction Indication															
						Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.															
		Table	I - No	on-Deriva	tive S	ecur	ities	Acc	quired,	Dis	posed of	, or E	Benefi	cially	y Owr	ned					
1. Title of Security (Instr. 3)  2. Transactic Date (Month/Day/					Execution Date,							es Acquired (A) Of (D) (Instr. 3, 4		4 and Secur Benef Owne Follow		icially d ving	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A) o	Price	)	Transa	Reported Transaction(s) (Instr. 3 and 4)					
Common	023				F <sup>(1)</sup> 577		D	\$11	.239 3		30,922		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)	2. Conversion or Exercise Price of Derivative Security  3. Transaction Date (Month/Day/Year)  3. Deemed Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisab Expiration Date (Month/Day/Year)		ate	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and		8. Price of Derivative Security (Instr. 5)		9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Ownershi Form: Direct (D) or Indirec (I) (Instr. 4		Beneficial Ownership (Instr. 4)				
					Code V (A) (D)		Date Exercis	able	Expiration le Date 1		Amount or Number of Shares										

## Explanation of Responses:

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.

## Remarks:

<u>/s/ Benjamin Landry</u>

06/05/2023

\*\* 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.