FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Washington.	D.C. 20549

on, D.C. 20549	OMB APPROVAL

OMB Number:	3235-0287
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hours per response	: 0.5

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 10b5-1(c). See Instruction 10.

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). S	ee Instruction 1	0.																	
Name and Address of Reporting Person* Pramoda Anita					2. Issuer Name and Ticker or Trading Symbol Health Catalyst, Inc. [HCAT]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
1 Tairio	ia Milia													V	_			10% Ov	-
(Last)	(Fir	st) (MALYST, INC.	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 09/01/2024							Office below	er (give title /)		Other (s	specify		
10897 SOUTH RIVER FRONT PARKWAY, #300																			
				4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable							
(Street)									_			-		Line			_		
SOUTH JORDAN	UI UI	8	4095											V	_ Form	filed by Mo		orting Personn In One Repo	
															Perso	on			
(City)	(Sta	ate) (Ž	Zip)																
		Table	I - No	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or E	Bene	ficial	ly Own	ed			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day					Execution Da		Date,	3. Transaction Code (Instr. 8)		4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)			4 and Securi Benefi Owned		ities Ficially (I d Following (I		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership	
								Code	v	Amount	(A) (D)	or P	rice		ted action(s) 3 and 4)			(Instr. 4)	
Common Stock 09/01/2					2024				A		2,228(1)	A	Α :	\$0.00	0.00 56,308			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)	le of 2. 3. Transaction Date Execution Date, if any			emed ion Date,	4. Transaction Code (Instr. 8)		5. Nu of	mber rative rities ired r osed)	•	Exerc ion Da	isable and te 7. Title and Amount of		8 D S (I	Price of erivative ecurity nstr. 5)	ve derivative Securities		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amor or Numl of Share	oer					

Explanation of Responses:

1. Represents an award of the Issuer's restricted stock units ("RSUs") granted pursuant to the Issuer's 2019 Stock Option and Incentive Plan (the "2019 Plan"). Each RSU represents a contingent right to receive one share of the Issuer's common stock. Subject to the terms of the 2019 Plan and in accordance with the terms of Issuer's Non-Employee Director Compensation Policy, 100% of such RSUs vested on September 1, 2024.

Remarks:

/s/Benjamin Landry, as Attorney-in-Fact 09/10/2024

** 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.