FORM 4

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

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

wasnington, D.C. 2054s	9	

OMB APPROVAL

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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-

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*     Burton Daniel D.				2. Issuer Name and Ticker or Trading Symbol Health Catalyst, Inc. [ HCAT ]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)								
Burton	Daniel D	<u>-</u>					<u>, , , , , , , , , , , , , , , , , , , </u>			J			1	Direct	tor		10% Ov	vner
,												_		Office	r (give title		Other (s	pecify
(Last) (First) (Middle)				3. Date of Earliest Transaction (Month/Day/Year)							Chief Executive Officer							
C/O HEALTH CATALYST, INC.			09/03/2024									IIICI LACCI	utive (	JIIICCI				
10897 S	OUTH RIV	ER FRONT PAI	RKWA	Y, #300														
(Street)					4. If A	Amendi	ment, Date o	of Origin	al File	d (Month/Day	y/Year)		Individ	lual or	Joint/Group	Filing	(Check A	oplicable
SOUTH	. UT	. 8	4095										1	Form	filed by One	e Repor	rting Perso	on
JORDA	N													Form Perso	filed by Moi	re than	One Repo	orting
(0:1.)	(0)		<b>.</b> .											FEISC	""			
(City)	(St	ate) (Z	Zip)															
		Table	I - No	n-Deriva	tive S	Secur	rities Acc	quired	, Dis	posed of,	or Be	nefici	ially (	Own	ed			
1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day				Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Acq Disposed Of (D) (5)					nnd Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
								Code	v	Amount	(A) or (D)	Price	T		ed ction(s) 3 and 4)			(Instr. 4)
Common Stock 09/03/2					024			<b>F</b> <sup>(1)</sup>		4,174	D	\$7.20	591	1,1	59,034	]	D	
		Tal	ble II -					,		osed of, c			•	wne	k			
				· • · ·		2115, V							·					1
1. Title of Derivative Security (Instr. 3)			tion Date,	4. 5. Number of Code (Instr. 8) Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title a Amount Securiti Underly Derivati Security 3 and 4)	of es ing ve (Instr.	8. Prio Deriva Secur (Instr.	ative rity	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	/ O Fo O (I)	0. Iwnership orm: Irect (D) r Indirect ) (Instr. 4)	Beneficial Ownership (Instr. 4)		
1 1 1											I .		1			- 1		l .

## **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.

Date

(D)

Expiration

## Remarks:

/s/ Benjamin Landry, as
Attorney-in-Fact
\*\* Signature of Reporting Person

Number

Title

09/05/2024

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.