Instruction 1(b).

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

OMB APPROVAL 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* Pramoda Anita					2. Issuer Name and Ticker or Trading Symbol Health Catalyst, Inc. [HCAT]										licable)	g Person(s) to	Issuer Owner
(Last) (First) (Middle) C/O HEALTH CATALYST, INC. 10897 SOUTH RIVER FRONT PARKWAY, #300					3. Date of Earliest Transaction (Month/Day/Year) 06/15/2021									Office below	er (give title v)	Othe belov	(specify ()
(Street) SOUTH JORDAN UT 84095			4.	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Indiv Line) X	vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(St		Zip)														
Table I - Non-Derivat 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yea			on	2A. Deemed Execution Date,		3. Tr Co	ransac	ction	A. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5				5. Amo Securi Benefi Owned	ount of ities icially it Following	6. Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership	
							C	ode	v .	Amount	(A) or (D)	Price		Reported Transaction(s) (Instr. 3 and 4)		(Instr. 4)	(Instr. 4)
Common Stock 06/15/202				21			5	S ⁽¹⁾		4,542	D	\$56.42	22 ⁽²⁾	4	1,186	D	
Common Stock 06/15/202			21	L		5	S ⁽¹⁾		901	D	\$57.08	802 ⁽³⁾	3,285		D		
Common Stock														4	1,348	I	By Omkara, LLC ⁽⁴⁾
		Tal	ole II - Deriva (e.g., p							posed of, converti				Owne	d		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	Cod	nsaction e (Instr.	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expiration re (Month/Da			Amo Secu Unde Deriv Secu	7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4)		rice of evative urity tr. 5)		Ownershi Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)
				Cod	e V	(A)	(D)	Date Exe	e rcisable	Expiration Date	ı Title	Amount or Number of Shares	r				

Explanation of Responses:

- 1. The sales reported on this Form 4 was made pursuant to a written trading plan adopted by the Reporting Person on March 4, 2021, in accordance with Rule 10b5-1.
- 2. Represents a weighted average price. These shares were sold by the Reporting Person in multiple transactions at prices ranging from \$55.94 to \$56.87, inclusive.
- 3. Represents a weighted average price. These shares were sold by the Reporting Person in multiple transactions at prices ranging from \$57.01 to \$57.15, inclusive. The Reporting Person will provide, upon request by the Issuer, a security holder of the Issuer, or the staff of the Securities and Exchange Commission, full information regarding the number of shares sold at each separate price within the range set forth in footnotes (2) and (3).
- 4. The shares are held by Omkara, LLC and the Reporting Person wholly-owns and holds the voting and dispositive power of these shares.

Remarks:

/s/ Daniel Orenstein, as Attorney-in-Fact

06/17/2021

** 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.