| SEC Form 4 | |
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(Street)

(City)

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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|---|-------------|--------------|--|--|------------------------------------|---------|
| Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See | | STATEMEN | IT OF CHANGES IN BENEFICIAL OWN | ERSHIP | OMB Number: Estimated average b | |
| Instruction 1(b). | | Filed | pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 | Ļ | hours per response: | 0.5 |
| 1. Name and Address of Reporting Person [*] <u>Llewelyn Linda</u> | | n* | 2. Issuer Name and Ticker or Trading Symbol <u>Health Catalyst, Inc.</u> [HCAT] | (Check all applicab Director | , 10% | 6 Owner |
| · · · · · · · · · · · · · · · · · · · | welyn Linda | | 3. Date of Earliest Transaction (Month/Day/Year) 12/01/2023 | X Officer (gi below) Chi | ef People Officer | , |
| 10897 SOUTH RIVER FRONT PARKWAY, #300 | | ARKWAY, #300 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Individual or Joir Line) X Form filed | | |

Form filed by One Reporting Person Form filed by More than One Reporting Person

| SOUTH | TIT |
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| JORDAN | UT |
| | |

84095

(Zip)

(State)

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 - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | Transaction Code (Instr. | | | | | 5. Amount of 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 | Reported Transaction(s) (Instr. 3 and 4) | | (Instr. 4) |
| Common Stock | 12/01/2023 | | F ⁽¹⁾ | | 4,161 | D | \$7.4503 | 74,374 | 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) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | of | | curities quired or posed (D) tr. 3, 4 | | and 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | Ownership Form: | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | 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:



** 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.

12/05/2023