SEC Form 4	
------------	--

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

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

OMB APPROVAL

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-0287	
	Estimated average burden		
Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934	hours per response:	0.5	

Ir

Instruction 1(b).			pursuant to Section 16(a) of the Securities Exchange Act of 1934	Ļ		hours per resp	ponse:	0.
			or Section 30(h) of the Investment Company Act of 1940					
1. Name and Ac <u>Hunt Brya</u>		g Person [*]	2. Issuer Name and Ticker or Trading Symbol Health Catalyst, Inc. [HCAT]		all applicable Director	e)	10% Owner	
(Last) C/O HEALT	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 12/01/2023	X	below)		Other (speci below) Officer	fy
10897 SOUT	TH RIVER FRO	ONT PARKWAY, #300	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Individual or Joint/Group Filing (Check Applica Line)				
(Ctre et)		Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 Index per response. as of Reporting Person* 2. Issuer Name and Ticker or Trading Symbol Health Catalyst, Inc. [HCAT] 5. Relationship of Reporting Person(s) to Iss (Check all applicable) (First) (Middle) ATALYST, INC. 2. Is Amendment, Date of Original Filed (Month/Day/Year) 5. Relationship of Reporting Person(s) to Iss (Check all applicable) (VER FRONT PARK WAY #300 4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable)	rting Person					
(Street) SOUTH	UT					d by More than One Reporting		I
JUKDAN	JORDAN		Rule 10b5-1(c) Transaction Indication					
(City)	(State)	(Zip)				or written plan	that is intended	to
		Table I - Non-Deriva	ative Securities Acquired, Disposed of, or Bene	ficially	Owned			

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transa Code (8)					Securities Beneficially	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(111511: 4)
Common Stock	12/01/2023		F ⁽¹⁾		14,118	D	\$7.4503	220,422	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)	Transaction Code (Instr. 8)		Transaction of Code (Instr. Derivative		vative rities lired r osed) r. 3, 4	Expiration Date (Month/Day/Year) es d		Expiration Date		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:



12/05/2023

** 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.