FORM 4

Check this box if no longer subject

to Section 16. Form 4 or Form 5 obligations may continue. See

Instruction 1(b).

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

STATEMENT	OF	CHAN
OIMILITI	O.	0117111

## **GES IN BENEFICIAL OWNERSHIP**

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*     Landry Benjamin				2. Issuer Name <b>and</b> Ticker or Trading Symbol Health Catalyst, Inc. [ HCAT ]													vner		
(Last) 10897 S.	(Last) (First) (Middle) 10897 S. RIVER FRONT PARKWAY, #300				3. Date of Earliest Transaction (Month/Day/Year) 09/01/2023									X	Officer (give tit below)  Gener		Cou	Other (s below)	вреспу 
(Street) SOUTH JORDAN	ע ע	. 8	4095		4. If Amendment, Date of Original Filed (Month/Day/Year)									. Indivine)	ividual or Joint/Group Filing (Check Applical Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(St	ate) (Z	Zip)		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.									nded to					
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/N			Execution Da		Date, Transaction Code (Instr.			4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			l and 5) Secu Ben Owr		mount of urities eficially ned Following		m: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	(A) or (D)	Price		Report Transa (Instr.	nsaction(s) str. 3 and 4)			(Instr. 4)
Common Stock 09/01/20				023				F <sup>(1)</sup>		500	D	\$11.7	765 29,3		9,344		D		
Common Stock 09/06/20				023				S <sup>(2)</sup>		1,157	D	\$11.5	231	28,187		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)	ive Conversion Date (Month/Day/Year) y or Exercise Price of Derivative Security    Derivative Security   Secur		Transa Code (				6. Date Exercisable and Expiration Date (Month/Day/Year)  Date Expiration Exercisable Date			7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)  Amour or Numbe of Title Shares		t		9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	,	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		

## **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.
- 2. The sale reported on this Form 4 was made pursuant to a written trading plan adopted by the Reporting Person on September 13, 2022 in accordance with Rule 10b5-1.

## Remarks:

09/06/2023 /s/ Benjamin Landry

\*\* 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.