| SEC Form 4 | |
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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| | | | Washington, D.C. 20549 | | OMB APPROVAL | | |
|---------------------------------------|---|----------|---|---|--|--|--|
| to Section 16 | ox if no longer subjec 6. Form 4 or Form 5 nay continue. <i>See</i> (b). | _ | T OF CHANGES IN BENEFICIAL OWN I pursuant to Section 16(a) of the Securities Exchange Act of 193 or Section 30(h) of the Investment Company Act of 1940 | - | OMB Number: 3235-0287 Estimated average burden hours per response: 0.5 | | |
| 1. Name and Ad Llewelyn I | ldress of Reporting L <mark>inda</mark> | Person* | 2. Issuer Name and Ticker or Trading Symbol <u>Health Catalyst, Inc.</u> [HCAT] | (Check all applicat Director | 10% Owner | | |
| (Last) C/O HEALT | (First) H CATALYST, 1 | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 08/22/2023 | X Officer (g below) Ch | ive title Other (specify below) | | |
| 10897 SOUTH RIVER FRONT PARKWAY, #300 | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | |
| (Street) SOUTH JORDAN | UT | 84095 | | | d by One Reporting Person d by More than One Reporting | | |
| | | | Rule 10b5-1(c) Transaction Indication | | | | |
| (City) | (State) | (Zip) | X Check this box to indicate that a transaction was made pursuan satisfy the affirmative defense conditions of Rule 10b5-1(c). See | | on or written plan that is intended to | | |

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

| 145101 | | | | | | | | | | | |
|---------------------------------|--|---|------------------------------|---|---|---------------|--------|---|---------------------------------|---|--|
| 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) | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) | | | 5. Amount of Securities Beneficially Owned Following Reported | Form: Direct (D) or Indirect | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (1130.4) | |
| Common Stock | 08/22/2023 | | S ⁽¹⁾ | | 737 | D | \$11.9 | 83,536 | 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 | | 6. Date Exerc Expiration Da (Month/Day/Y | 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) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 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. The sale reported on this Form 4 was made pursuant to a written trading plan adopted by the Reporting Person on May 23, 2023 in accordance with Rule 10b5-1.

Remarks:

<u>/s/Benjamin Landry, as</u>

Attorney-in-Fact

Date

08/24/2023

** Signature of Reporting Person

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.