FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20549	
-------------	------------	--

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

## STATEMENT OF CHANGES 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

1. Name and Address of Reporting Person*  Burton Daniel D.					2. Issuer Name and Ticker or Trading Symbol Health Catalyst, Inc. [ HCAT ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owner						
l	(Fir ALTH CATA OUTH RIV		3. Date of Earliest Transaction (Month/Day/Year) 06/01/2021								X	Office	er (give title Othe		Other (s				
(Street) SOUTH JORDAN (City)	N UT		4095 Zip)	4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								i. Indiv ine) X	idual or Joint/Group Filing (Check Applicable  Form filed by One Reporting Person  Form filed by More than One Reporting  Person					
		Table	I - Non-Deriv	ative	Secu	rities	Acc	quir	ed, Dis	sposed o	of, or	Benefic	ially	Own	ed				
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Ye			/ear)   i	Executio		,   T	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an			nd 5) Se Be Ov		Beneficially Dwned Following		n: Direct or rect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
						c	Code	V A	mount	(A) or (D)	Price	Transa		action(s) . 3 and 4)		4)	(111301.4)		
Common Stock 06/01/202			21	1			F <sup>(1)</sup>		2,798	D	\$53.87	57 <sup>(2)</sup>	283,192			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)		action (Instr.	of	r osed ) r. 3, 4	Expiration Date A St (Month/Day/Year) U D St				tle and unt of urities erlying vative urity (Instr. d 4)	Deri Sec (Ins	Price of rivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)	
				Code	v	(A) (D)		Date Exercisal		Expiration Date	Title	Number of Shares							

- 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. Represents a weighted average price. These shares were sold by the Reporting Person in multiple transactions at prices ranging from \$53.66 to \$54.35, inclusive. The Reporting Person undertakes to provide to the Issuer, any security holder of the Issuer, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the ranges set forth in this Footnote.

## Remarks:

/s/ Daniel Orenstein, as

06/03/2021

Attorney-in-Fact

\*\* 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.