FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

	OMB APPROVAL									
	OMB Number:	3235-0287								
l	Estimated average burden									
l	hours per response:	0.5								

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* Smith S. Dawn						2. Issuer Name and Ticker or Trading Symbol Health Catalyst, Inc. [HCAT]									k all app	tionship of Reporting Pers all applicable)			ssuer
(Last)	t) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 06/14/2023									Officer (give title below)		Other (below)	
C/O HEALTH CATALYST, INC. 10897 SOUTH RIVER FRONT PARKWAY, #300						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Ind Line)	,				
(Street)	UTH UT 84095														Form filed by More than One Reporting Person				
JORDAI	ORDAN 01 04093				Rule 10b5-1(c) Transaction Indication														
(City) (State) (Zip)						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 - No	n-Deriva	tive S	ecur	ities	Acq	uired,	Dis	posed of	, or E	3ene	ficiall	y Owr	ned			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/					Execution Date,			3. Transaction Code (Instr. 8) 4. Securities A Disposed Of (4 and Secur Benef Owner Follow		cially I ing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
						Code	v	Amount	(A) (D)	or P	rice		ted action(s) 3 and 4)						
Common	Stock	023		A		5,359(1)		A S	\$0.00		32,149		D						
Common Stock 06/14/2						023		A		12,505 ⁽²) [1 5	\$0.00	4	44,654		D		
		Tab	ole II -	Derivativ (e.g., pu											Owne	ed			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execu	eemed ution Date, h/Day/Year)		nsaction de (Instr. of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		rative rities ired r osed)	6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and Or Numb of Title Share		unt ber		9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	y C	10. Ownership Form: Direct (D) or Indirect I) (Instr. 4)	11. Nature of Indirec Beneficial Ownershi (Instr. 4)

Explanation of Responses:

- 1. Represents an award of restricted stock units ("RSUs") granted pursuant to the Issuer's 2019 Stock Option and Incentive Plan (the "2019 Plan"). Each RSU represents a contingent right to receive one share of the Issuer's common stock. Subject to the terms of the 2019 Plan, 25% of the RSUs will vest on each of September 1, 2023, December 1, 2023, March 1, 2024 and June 1, 2024.
- 2. Represents an award of RSUs granted pursuant to the 2019 Plan. Each RSU represents a contingent right to receive one share of the Issuer's common stock. Subject to the terms of the 2019 Plan, the RSUs will fully vest on the earlier of (i) the one-year anniversary of the grant date or (ii) the date of the next Annual Meeting of the Issuer's Stockholders.

Remarks:

/s/Benjamin Landry, as Attorney-in-Fact

06/16/2023

** 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.