FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

vvasnington,	D.C.	20549

Check this box if no longer subject to	STATEMENT OF CHANGES IN BENEFICIAL	OWNERSHIP
Section 16. Form 4 or Form 5		
obligations may continue. See		

OMB APPROVAL

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Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

(-, -	ee Instruction 1	· · · · · · · · · · · · · · · · · · ·																	
1. Name and Address of Reporting Person* <u>Llewelyn Linda</u>		2. Issuer Name and Ticker or Trading Symbol Health Catalyst, Inc. [HCAT]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)								
LICWCI	<u>yn Linua</u>									-	-				Direc	tor er (give title		10% O Other (
(1	/F:-	mt) (1	۱۸:مامام۱											1	belov			below)	specify
(Last) (First) (Middle) C/O HEALTH CATALYST, INC.					3. Date of Earliest Transaction (Month/Day/Year)											Chief Peo	ple C	Officer	
			DIZWAN	V #200	12/1	0,202													
1089/30	JUIH KIV	ER FRONT PAI	KK WA	1, #300															
(Street)					4. If /	Amend	ment, I	Date o	of Origin	al File	d (Month/Da	y/Year		6. Indiv Line)	/idual o	Joint/Grou	p Filin	g (Check A	pplicable
SOUTH	T 10		4005											∠	Form	filed by On	e Rep	orting Pers	on
JORDAN	VI UI	. 8	4095													filed by Mo	re thai	n One Rep	orting
-															Perso	on			
(City)	(Sta	ate) (2	Zip)																
		Table	I - No	n-Deriva	tive S	Secu	rities	Acc	uired	l. Dis	posed of	or F	Senefi	cially	Own	ed			
1 Title of 9	Coourity (Incl			2. Transact			eemed		3.	.,					5. Amo		6.04	vnership	7. Nature
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day					ution Date, Code (Instr. th/Day/Year)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)			4 and Securiti Benefic Owned		ties Fo cially (D I Following (I)		n: Direct	of Indirect Beneficial Ownership				
									Code	v	Amount	(A) o	Price	9		ed ction(s) 3 and 4)			(Instr. 4)
Common	Stock			12/16/2	:024			S ⁽¹⁾		6,442	D	D \$7.8		8848 98,702		D			
		Tal									osed of, convertib				Owne	d			
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. Transaction Code (Instr. 8)		5. Nu of Deriv Secu Acqu (A) or Dispo	ative rities ired osed	Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4)		8. Price of Derivative Security (Instr. 5)		9. Number derivative Securities Beneficiall Owned Following Reported Transactio	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)
							(Instr. 3, 4 and 5)					<u> </u>				(Instr. 4)			
													Amoun or	t					
									Date		Expiration		Numbe of	r					
		l	l		Code	l۷	(A)	(D)	Exerci	eable	Date	Title	Shares	- 1		l			1

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 March 12, 2024 in accordance with Rule 10b5-1.

Remarks:

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

12/18/2024

** 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.