FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Г												
	OMB APPROVAL											
1												
1	OMB Number:	3235-0287										
1	l =											
1	Estimated average burden											
	hours per response	: 0.5										

	Check this box if no longer subject
\neg	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* Alger Jason					2. Issuer Name and Ticker or Trading Symbol Health Catalyst, Inc. [HCAT]										all app	blicable) tor		erson(s) to I	wner
(Last)	Last) (First) (Middle) C/O HEALTH CATALYST, INC.							3. Date of Earliest Transaction (Month/Day/Year) 06/01/2023								er (give title v) nief Accou		Other (s below) g Officer	specify
10897 SOUTH RIVER FRONT PARKWAY, #300					4. If Amendment, Date of Original Filed (Month/Day/Year)								, I	6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) SOUTH JORDAN	SOUTH LIT 84095													X Form filed by One Reporting Person Form filed by More than One Reporting Person					
-					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.										ended to			
		Table	I - No	on-Deriva	tive S	ecur	ities	Acc	quired,	, Dis	posed of	, or E	Benefic	ially	Owr	ned			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/					Execution Date,			·	3. Transaction Code (Instr. 8) 4. Securities Acquired Disposed Of (D) (Instr. 5)				3, 4 and Sec		cially I	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A) or (D)			Reported Transaction(s) (Instr. 3 and 4)				,
Common	023				F ⁽¹⁾		1,066 I		\$11.	239	62,438 ⁽²⁾			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. Transaction Code (Instr. 8)				6. Date Exerc Expiration Da (Month/Day/Y		ate	7. Title Amou Secur Under Deriva Secur (Instr.	nt of ities lying ative	Deriv Secu	Price of rivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transactior (Instr. 4)	у	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	er					

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. Includes 8,181 shares held by the Reporting Person that were not previously reported due to an inadvertent administrative error.

Remarks:

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

06/05/2023

** 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.