FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Washington, D.C. 20549	
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OMB APPROVAL										
OMB Number:	3235-0287									
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hours per response	. 0.5									

Check this box if no longer subject to 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 10b5Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1(c). S	ee Instruction 1	0.																		
Name and Address of Reporting Person* Larson-Green Julie					2. Issuer Name and Ticker or Trading Symbol Health Catalyst, Inc. [HCAT]									5. Relationship of Reporting Person(s) to Issue (Check all applicable) Director 10% Owner						
															Officer (give title			Other (s		
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 09/01/2/024									belov			below)	,	
C/O HEALTH CATALYST, INC.																				
10897 SOUTH RIVER FRONT PARKWAY, #300																				
(Street) SOUTH					4. If Amendment, Date of Original Filed (Month/Day/Year)									 Individual or Joint/Group Filing (Check App Line) Form filed by One Reporting Persor 					on	
JORDAN	N UI	. 8	4095												Form filed by More than One Reporting Person				orting	
(City)	(Sta	ate) (Ž	Zip)																	
		Table	I - No	n-Deriva	tive S	Secui	rities	Acq	uired,	Dis	posed of,	or B	enefic	ially	/ Own	ed				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da					Execution Date		Date,			Disposed C	es Acquired (A Of (D) (Instr. 3,		4 and Secur Benef Owne		cially Following	Form (D) o	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) (D)	or Pric	e	Transa	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)	
Common Stock 09/01/2					/2024				A		1,950(1)	A	\$0	S 0.00 6		67,188		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)	crivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any			ion Date,	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		De Se (In:	Price of rivative curity str. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	у	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
				Code		v	(A)	(D)	Date Exercisable		Expiration Date	Title	Amount or Number of Shares	1						

Explanation of Responses:

1. Represents an award of the Issuer's 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 and in accordance with the terms of Issuer's Non-Employee Director Compensation Policy, 100% of such RSUs vested on September 1, 2024.

Remarks:

/s/Benjamin Landry, as 09/10/2024 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.