FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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3 IAI EIVIENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:

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 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

OMB APPROVAL 3235-0287 erage burden hours per response: 0.5

Name and Address of Reporting Person* LeSueur Daniel						2. Issuer Name and Ticker or Trading Symbol Health Catalyst, Inc. [HCAT]								Relationship of Reporting Person(s) to Issuer (Check all applicable)						
LeSueu	<u>ır Daniel</u>				1	artii (<u>cutu</u>	<u> 1 y 5 c</u> ,	<u></u> [- 1101]				Direc			10% O		
,					\vdash									1	Office below	er (give title		Other (: below)	specify	
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year)									C	Chief Operating Officer				
		ALYST, INC.		_	1170	13/202	.4													
10897 S. RIVER FRONT PARKWAY, #300																				
(Street)					4. If /	Amend	ment,	Date o	of Origin	al File	d (Month/Da	y/Year)		3. Indiv Line)	idual or	Joint/Group	p Filing	g (Check A	pplicable	
SOUTH	OUTH												l'	.iiie)	Form	filed by One	e Repo	orting Pers	on	
JORDAN UT 84095													Form filed by More than One Reporting							
															Perso	on				
(City)	(St	ate) (Z	Zip)																	
		Table	I - Noi	n-Deriva	tive S	Secu	rities	s Acc	uired	l. Dis	posed of	or E	Benefic	ially	Own	ed				
1. Title of S	Security (Ins		tion								red (A) o	or 5. Amount of			6. Ownership Form: Direct		7. Nature of Indirect Beneficial Ownership			
Date (Month/Day,					y/Year)				Code (Instr. 5)			ISII. 3, 4 d	Benefic Owned		cially (D) (I Following (I) (I					
									Code	v	Amount	(A) o	r Price			ed ction(s) 3 and 4)			(Instr. 4)	
Common Stock 11/05/20					024			S ⁽¹⁾		5,209	D	\$7.7	034	129,690			D			
		Tal									osed of, convertib				Owned	t	,			
1. Title of	2.	3. Transaction	3A. Dee	• • • •	4.		_	umber			isable and	7. Title		÷	rice of	9. Number	of ,	10.	11. Nature	
Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative Security	Date (Month/Day/Year)	if any	ion Date, /Day/Year)	Transa Code (8)		of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expira (Month			Amou Secur Under Deriva Secur 3 and	rities rlying ative rity (Instr.	Sec (Ins	ivative urity tr. 5)	derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y G	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
													Amount or Number							
			l			l .	1	1	Date		Expiration		of						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 7, 2024 in accordance with Rule 10b5-1.

Remarks:

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

11/07/2024

** 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.