Instruction 1(b).

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject to

OMB APPROVAL 3235-0287

Estimated average burden hours per response: 0.5

Section 16. Form 4 or Form 5 obligations may continue. See

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). Se	ee Instruction 1	0.																	
1. Name and Address of Reporting Person* Alger Jason					2. Issuer Name and Ticker or Trading Symbol Health Catalyst, Inc. [HCAT]									Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
														1	Office	er (give title		Other (s	
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year)									below) below) Chief Financial Officer					
C/O HEALTH CATALYST, INC.						12/06/2024								Chief I manetal Officer					
10897 SOUTH RIVER FRONT PARKWAY, #300																			
(Street)				4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)						
SOUTH UT 84095													Form filed by One Reporting Person						
JORDAN 01 84093													Form filed by More than One Reporting Person						
(City)	(St	ate) (ž	Zip)																
(0.5)					11 /														
			I - NO			_			_	, DIS	posed of	-						1	
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day					Execution Date,			ate,	3. Transaction Code (Instr. 8) 4. Securities Acquire Disposed Of (D) (Instr. 5)					5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) o (D)	Price			ed ction(s) 3 and 4)			(Instr. 4)
Common Stock 12/06/20					024						19,599	D \$8		193	93 86,712		D		
		Tal	ole II -								osed of, o				wne	d			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	emed tion Date, n/Day/Year)	4. Transa Code (8)		of Deriv Secu Acqu (A) o Dispo of (D (Instr	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Exerc tion Da h/Day/\		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)		9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	/ Ov Fo Di or (I)	wnership orm: rect (D) Indirect (Instr. 4)	Beneficia Ownersh (Instr. 4)
					Code	v	(A) (D)		Date Exercisable		Expiration Date	Title	Amount or Number of Shares						

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 13th, 2024, in accordance with Rule 10b5-1.

Remarks:

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

12/10/2024

** 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.