FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1/h)

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response: 0.5

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

Name and Address of Reporting Person* Landry Benjamin						2. Issuer Name and Ticker or Trading Symbol Health Catalyst, Inc. [HCAT]									all app Direc	licable) tor		Owner	
(Last) (First) (Middle) 10897 S. RIVER FRONT PARKWAY, #300						3. Date of Earliest Transaction (Month/Day/Year) 09/06/2024									Officer (give title below) Officer (specific below) General Counsel				
(Street) SOUTH JORDAN UT 84095 (City) (State) (Zip)					4. If Amendment, Date of Original Filed (Month/Day/Year)									Line)	Form filed by One Reporting Person Form filed by More than One Reporting Person				
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day)					ion	on 2A. Deemed Execution Date,			3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)				red (A)	or	5. Amo Securit Benefic	ount of ties cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Ownership	
Common Stock 09/06/20						224				v	Amount 2,466	(A) o (D)	FIIC	e 3891	(Instr. 3	action(s) 3 and 4)	D	(Instr. 4)	
1. Title of Derivative Security (Instr. 3)	Title of 2. 3. Transaction 3A. De erivative Conversion Date Execusecurity or Exercise (Month/Day/Year) if any			- Derivative S (e.g., puts, control of the control				gined, Disposed of, options, convertib 6. Date Exercisable and Expiration Date (Month/Day/Year)			or Beneficiale securitie 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. P Der Sec (Ins		,	of 10. Ownersl Form: y Direct (I or Indire (I) (Instr.	Beneficia Ownershi ct (Instr. 4)		
					Code	v	(A)	(D)	Date Exerci:	sable	Expiration Date	Title	or Number of Shares	er					

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 1st, 2024 in accordance with Rule 10b5-1.

Remarks:

/s/ Benjamin Landry

09/10/2024

** 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.