FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

	OMB APPROVAL									
	OMB Number:	3235-0287								
l	Estimated average burden									
l	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

1. Name ar	2. Issuer Name and Ticker or Trading Symbol Health Catalyst, Inc. [ HCAT ]								(Ch	eck all app	onship of Reportir all applicable) Director		10% O						
(Last)	(Fir	3. Date of Earliest Transaction (Month/Day/Year) 06/14/2023										Officer (give title below)		Other ( below)	specify				
C/O HEALTH CATALYST, INC. 10897 SOUTH RIVER FRONT PARKWAY, #300						4. If Amendment, Date of Original Filed (Month/Day/Year)								Line	. Individual or Joint/Group Filing (Check Applicable ine)  X Form filed by One Reporting Person				
(Street)	OUTH UT 84095													Form filed by More than One Reporting Person					
JORDAN  (City) (State) (Zip)						Rule 10b5-1(c) Transaction Indication  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.													
		Table I	l - No	n-Deriva	tive Se	ecur	ities	Acq	uired,	Dis	posed of	, or E	3ene	eficia	lly Owr	ned			
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/					Execution Date,		3. 4. Securitie Disposed C C S)						Benefi Owned Follow	ties cially I ing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
						Code	v	Amount	(A) (D)		Price		rted action(s) 3 and 4)						
Common	)23		A		12,505(1	) [	A	\$0.00	3	39,295		D							
Common	023		A		5,136 <sup>(2)</sup>		A	\$0.00	0 44,431			D							
		Tab	le II -	Derivativ (e.g., pu											y Owne	ed .			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	onversion   Date   Execution Date,   if any   (Month/Day/Year)   Execution Date,   if any   (Month/Day/Year)			Code (Instr. 8)  Der Sec Acc (A) Dis of (Instr. 10)		Numi	rative rities iired r osed )	6. Date I Expiration (Month/I	on Da		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 an		14)	Price of erivative ecurity 1str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owners Form: Direct (I or Indire (I) (Instr	Ownership	Beneficial Ownership ct (Instr. 4)
					Code V (A) (D)		Date Exercisa	able	Expiration Date	Title	Num of Shar								

## Explanation of Responses:

- 1. Represents an award of 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, the RSUs will fully vest on the earlier of (i) the one-year anniversary of the grant date or (ii) the date of the next Annual Meeting of the Issuer's Stockholders.
- 2. Represents an award of RSUs granted pursuant to 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, 25% of the RSUs will vest on each of September 1, 2023, December 1, 2023, March 1, 2024 and June 1, 2024.

## Remarks:

/s/Benjamin Landry, as Attorney-in-Fact 06/16/2023

\*\* Signature of Reporting Person Date

 $Reminder: Report \ on \ a \ separate \ line \ for \ each \ class \ of \ securities \ beneficially \ owned \ directly.$ 

- \* 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.