FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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).

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 and Address of Reporting Person*  Nelli James Patrick Jr.						2. Issuer Name and Ticker or Trading Symbol Health Catalyst, Inc. [ HCAT ]									all app		ng Per	son(s) to Is  10% O	wner
(Last) (First) (Middle) C/O HEALTH CATALYST, INC. 10897 SOUTH RIVER FRONT PARKWAY, #300					3. Date of Earliest Transaction (Month/Day/Year) 06/15/2021								Λ	below	/)	ident	below)		
(Street) SOUTH JORDAN	` '					4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Indiv Line) X	′					
(City)	(Sta		Zip)																
Table I - Non-Deriva  1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Ye				2A. Deemed Execution Date,		3. Transaction Code (Instr. 8)		ction	4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 ar			5. Amo Securit Benefic		ount of ties cially d Following	Form (D) o	n: Direct or ect (I)	7. Nature of Indirect Beneficial Ownership		
									de	v	Amount	(A) or (D)	Price		Transa	Transaction(s) Instr. 3 and 4)		1. 4)	(Instr. 4)
Common	06/15/202	021				(1)		2,950	D	\$56.4	011(2)	133,828			D				
Common Stock 06/15/20					!1			S	(1)		480 D \$57.0		\$57.0	915 <sup>(3)</sup>	15 <sup>(3)</sup> 133,348			D	
		Tal	ble I	II - Derivati (e.g., pu							posed of, converti				Owne	d			
1. Title of Derivative Security (Instr. 3)  2. Conversion or Exercise Price of Derivative Security  Security  1. Title of Date (Month/Day/Year)  1. Transaction Date (Month/Day/Year)  2. Conversion Date (Month/Day/Year)  3. Transaction Execution Date (Month/Day/Year)  6. Conversion Date (Month/Day/Year)  7. Conversion Date (Month/Day/Year)  8. Conversion Date (Month/Day/Year)  9. Conversion Date (Month/Day/Year)  1. Transaction Date (Month/Day/Year)			cution Date, ny	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exe Expiration (Month/Day			Amo Secu Unde Deriv Secu	7. Title and Amount of Securities Underlying Derivative Security (Insi 3 and 4)		rice of ivative urity tr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y   1	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code		Date Exer	e rcisable	Expiration Date	Title	Amour or Number of Shares	er							

## **Explanation of Responses:**

- 1. The sales reported on this Form 4 was made pursuant to a written trading plan adopted by the Reporting Person on March 10, 2021 in accordance with Rule 10b5-1.
- 2. Represents a weighted average price. These shares were sold by the Reporting Person in multiple transactions at prices ranging from \$55.93 to \$56.89, inclusive.
- 3. Represents a weighted average price. These shares were sold by the Reporting Person in multiple transactions at prices ranging from \$56.96 to \$57.23, inclusive. The Reporting Person undertakes to provide to the Issuer, any security holder of the Issuer, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the ranges set forth Footnotes (2) and (3).

## Remarks:

/s/ Daniel Orenstein, as Attorney-in-Fact

06/17/2021

\*\* Signature of Reporting Person

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.