FORM 4

Check this box if no longer subject

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

OMB APPROVAL										
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to Section 16. Form 4 or Form 5 obligations may continue. See Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 Instruction 1(b).

1. Name and Address of Reporting Person* Hinton Bryan Richard					2. Issuer Name and Ticker or Trading Symbol Health Catalyst, Inc. [HCAT]									all app	licable)			Owner (specify	
(Last)	(Fir	rst) (M	(Middle)				Date of Earliest Transaction (Month/Day/Year)							X	belov	,	مامم	below)	
C/O HEALTH CATALYST, INC.			06	06/01/2022							Chief Technology Officer								
10897 S	OUTH RIV	ER FRONT PAI	RKV	WAY, #300															
(Street)					4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicabl Line)					``		
SOUTH	N UI		409	5										X	Form filed by One Reporting Form filed by More than One Person			Ü	
(City)	(St	ate) (Ž	Zip)																
		Table	I - I	Non-Deriva	tive	e Secur	ities A	cq	uire	ed, D	isposed c	f, or	Benef	icially	Own	ed			
D			2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)						d 5)	5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
							Code V		v	Amount	(A) or (D)	(A) or (D) Price		Transa	action(s) 3 and 4)	(1150.4)		(111501. 4)	
Common Stock		06/01/2022				F	(1)		1,364	D	\$14.2	2371(2)		27,865		D			
Common Stock 06/01/20		06/01/202	22			F ⁽¹⁾			49	D	\$14.9	522 ⁽³⁾	27,816			D			
		Tal	ole	II - Derivati (e.g., pu							sposed of, s, converti				Owne	d			
1. Title of Derivative Security (Instr. 3)	erivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any			nsaction de (Instr.	of Derivativ Securitie Acquired (A) or Dispose of (D)	of Derivative (Month/I Securities Acquired (A) or Disposed of (D) (Instr. 3, 4				Amo Seci Und Deri Seci	Amount of Securities		Price of rivative curity str. 5) Securities Beneficiall Owned Following Reported Transactio (Instr. 4)		,	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		

Explanation of Responses: 1. Represents the number of shares required to be sold by the Reporting Person to cover tax withholding obligations in connection with the vesting of Issuer's Restricted Stock Units. This sale is mandated by the Issuer's election under its equity incentive plans to require the satisfaction of tax withholding obligations to be funded by a "sell to cover" transaction and does not represent a discretionary trade by

(D)

(A)

Date Exercisable

Expiration Date

- 2. Represents the weighted average sale price of the shares sold ranging from \$13.91 to \$14.90 per share, inclusive.
- 3. Represents the weighted average sale price of the shares sold ranging from \$14.91 to \$15.07 per share, 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 in Footnotes (2) and (3).

Remarks:

/s/ Daniel Orenstein, as 06/03/2022 Attorney-in-Fact

** Signature of Reporting Person Date

Title

Amount Number

Shares

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).

Code

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.