FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20040	

2. Issuer Name and Ticker or Trading Symbol

3. Date of Earliest Transaction (Month/Day/Year)

Health Catalyst, Inc. [ HCAT ]

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-028		
	Estimated average burden			
	L			

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

1. Name and Address of Reporting Person

(First)

(Middle)

Ferris Timothy G.

(Last)

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

		Estimated average burden						
		hours per respo	nse:	0.5				
	tionship of R all applicabl	eporting Persor le)	ı(s) to Issuer					
X	Director		10% Owner					
	Officer (gives)	ve title	Other (specif below)	fy				

OMB APPROVAL

	ALTH CAT	ALYST, INC. DRIVE, #400	(iviidule,	,		11/2021		isaction	i (ivioi	illi/Day/Teal)				,		,	
(Street) SALT L. CITY	AKE U	Т	84121		_   4. If	f Amendn	ment, Date	of Orig	inal F	iled (Month/D	ay/Year)	6. Lir	ne) X Forn	r Joint/Group n filed by One n filed by Mo on	e Repo	orting Perso	n
(City)	(S	•	(Zip)														
		Tab	le I - N	Non-Deriv	/ative	Secui	rities A	cquire	ed, D	Disposed o	of, or B	eneficia	lly Own	ed			
1. Title of Security (Instr. 3)		Date (Month/Day/Year) it		2A. Deemed Execution Date, if any (Month/Day/Year)					ities Acquired (A) or d Of (D) (Instr. 3, 4 and		Secui Bene Owne	icially d Following	Form (D) o	n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
							Code	v	Amount	(A) or (D)	Price	Trans	Reported Transaction(s) (Instr. 3 and 4)			(11150.4)	
Common	Stock			01/11/2	021			M		5,867	A	\$11.78	3	1,310		D	
Common	Stock			01/11/2	021			S <sup>(1)</sup>		5,867	D	\$45.035	6(2)	5,443		D	
		7	Table I							sposed of s, converti			y Owned	1			
1. Title of Derivative Security (Instr. 3)	tive Conversion Date Execution Date, Transacty or Exercise (Month/Day/Year) if any Code (I		ction of District of Control of C	5. Number of Derivative Securities Acquired A) or Disposed of (D) Instr. 3, 4	Expiration Date (Month/Day/Year)		ate	7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)			10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirec Beneficia Ownershi (Instr. 4)			

## **Explanation of Responses:**

\$11.78

1. The sale reported on this Form 4 was made pursuant to a written trading plan adopted by the Reporting Person on June 12, 2020, in accordance with Rule 10b5-1.

(A) (D)

5.867

Code

M

2. Represents a weighted average price. These shares were sold by the Reporting Person in multiple transactions at prices ranging from \$45.00 to \$45.14, 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 this Footnote.

Date

Exercisable

(3)

Expiration Date

01/24/2028

Title

Commor

Stock

3. 25% of the 62,500 shares underlying the options vested in an annual installment on January 24, 2019 and the remaining balance vested or will vest in equal monthly installments until the option vests in full on January 24, 2022

## Remarks:

Stock Option

Buv)

(Right to

/s/ Daniel Orenstein, as Attorney-in-Fact \*\* Signature of Reporting Person

Amount or Number

Shares

5,867

\$0.00

01/13/2021

Date

34,500

D

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).

01/11/2021

\*\* 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.