FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20549
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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* Freeman Kevin Lee					2. Issuer Name and Ticker or Trading Symbol Health Catalyst, Inc. [HCAT]										k all app Direc	licable) tor	ing Person(s) to I		wner
(Last)	Last) (First) (Middle) C/O HEALTH CATALYST, INC.						3. Date of Earliest Transaction (Month/Day/Year) 02/20/2024								below	ficer (give title flow) Chief Commercia		Other (s below) al Officer	specify
10897 SOUTH RIVER FRONT PARKWAY, #300				Y, #300	4. If Amendment, Date of Original Filed (Month/Day/Year)								Line)	l '					
(Street) SOUTH JORDAN	OUTH LIT 84095														X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)		ate) (Z	Zip)		$ _{\Box}$	Check t	his box	to indi	cate that	Transaction Indication cate that a transaction was made pursuant to a contract, instruction or written plan that defense conditions of Rule 10b5-1(c). See Instruction 10.									nded to
		Table	I - No	n-Deriva	tive S	Secu	rities	Acc	uired	, Dis	posed of	, or E	3ene	ficiall	y Own	ed			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day				Execu y/Year) if any		eemed ution Date, / th/Day/Year)				s Acquired (A) of (D) (Instr. 3, 4			5. Amo Securit Benefic Owned Report	ties cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
							v	Amount	(A) (D)	or F	Price	Transaction(s) (Instr. 3 and 4)				(Instr. 4)			
Common	Common Stock 02/20/20					024			A		110,000 ⁽¹	1) A \$0.		\$0.00	277,810		D		
Common Stock 02/20/2					2024				A		3,334(2)	A	1	\$0.00	28	281,144		D	
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
1. Title of Derivative Security (Instr. 3)	ve Conversion Date Execution Date, or Exercise (Month/Day/Year) if any		4. Transaction Code (Instr. 8)		of	r osed (r. 3, 4	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		str.	Price of erivative ecurity estr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)		
					Code	v	(A) (D)		Date Exercisable		Expiration Date	Number of Shares							

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, 33.33% of the RSUs will vest on December 1, 2024 and, thereafter, the remaining 66.67% of the RSUs will vest in 8 equal quarterly installments.
- 2. Represents an award of 3,334 performance-based restricted units ("PRSUs") pursuant to the 2019 Plan, based upon the Issuer's satisfaction of certain performance criteria for the fiscal year ended December 31, 2023. Each PRSU represents a contingent right to receive one share of the Issuer's common stock.

Remarks:

/s/Benjamin Landry, as Attorney-in-Fact

02/22/2024

** 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.