FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, E	D.C. 20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

	OMB APP	ROVAL								
	OMB Number: 3235-0287 Estimated average burden									
	hours per response:									

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1. Name and Address of Reporting Person* <u>Llewelyn Linda</u>				2. Issuer Name and Ticker or Trading Symbol Health Catalyst, Inc. [HCAT]							tionship of Reporting Person(s) to Issuer all applicable) Director 10% Owner Officer (give title Other (specify				
(Last) (First) (Middle) C/O HEALTH CATALYST, INC. 10897 SOUTH RIVER FRONT PARKWAY, #300					3. Date of Earliest Transaction (Month/Day/Year) 10/18/2022						X	below) below) Chief People Officer			
(Street) SOUTH JORDAN	N U	Т	84095		4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Indi Line) X	ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(S	tate)	(Zip)												
			Table I - No	n-Deriva	tive S	ecurities Acqı	uired,	Dis	posed of,	or Ber	neficially	/ Owned			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)				2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)					5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership			
							Code	v	Amount (A) or (D)		Price	Transaction(s) (Instr. 3 and 4)		(Instr. 4)	
Common Stock 10/18/				2022		S ⁽¹⁾		648	D	\$9.53	55,217	D			
			Table II -			curities Acqui Ils, warrants, e						Owned			
1 Title of	,	2 Transas	tion 24 Do	amad	4	E Number	6 Data	Everei	ooble and	7 Title on		Drice of 0 Number	of 10	11 Noture	

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code (8)			vative prities pired r osed)	6. Date Exerc Expiration Da (Month/Day/Y	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

Explanation of Responses:

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

Remarks:

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

10/20/2022

** 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.