FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549	

STATEMENT	OF CHANGES I	N BENEFICIAL	OWNERSHIP

OMB APPROVAL								
OMB Number: 3235-0287								
Estimated average burden								
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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).

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

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Name and Address of Reporting Person*						2. Issuer Name and Ticker or Trading Symbol Health Catalyst, Inc. [HCAT]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
<u>Llewel</u> y	<u>yn Linda</u>				1	ileatur Cataryst, mc. [ncar]							Directo	or		10% Ov	vner			
					-									_ :	X Officer below)	(give title		Other (s	specify	
(Last)	(F	irst) ((Middle)			3. Date of Earliest Transaction (Month/Day/Year)									Chief People Of					
C/O HE	ALTH CAT	ALYST, INC.			06/	08/2	020										Cilici i cc	pic c	Jilicci	
3165 MI	LLROCK I	ORIVE, #400																		
(Street)					4. 11	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
SALT LA	AKE															Y Form	filed by One	e Repo	orting Perso	n l
CITY	U'	T	84121														,		n One Repo	
					.											Perso		ic tilai	TOTIC TTCPO	Turig
(City)	(S	tate)	(Zip)																	
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of S	Security (Ins	tr. 3)		2. Trans	action		2A. Deemed			3.		4. Securi	ties Ac	quired	(A) or	or 5. Amount o				7. Nature
				Date (Month/	Dav/Ye		Execution Date, if any		, Transaction Code (Instr.					3, 4 and					of Indirect Beneficial	
(worth)							(Month/Day/Yea								Owned Followin				Ownership	
										Cada	v	Amount	(4	A) or	Price	Reporte Transac				(Instr. 4)
										Code	v	Amount	([o)	Price	(Instr. 3	and 4)			
Common Stock 06/08/			3/2020	2020			M		1,121	1	A	\$10.8	3 26	,498		D				
Common Stock 06/08/			3/2020)			s ⁽¹⁾ 1,121 D		\$30	25	,377		D							
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
				(e.g., p	uts,	calls	s, wa	rrants	s, o	ptions	s, c	onverti	ble se	ecur	ities)					
Derivative Conversion Date Executive Conversion Date Executive Conversion Date Date Executive Conversion Date Date		3A. Deeme Execution if any (Month/Da	Date, Transact					6. Date Exercisable Expiration Date (Month/Day/Year)		Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)		4)	8. Price of Derivative Security (Instr. 5)		Owners Form: Direct (I or Indire (I) (Instr	Ownership	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Dat Exe	e ercisable		xpiration ate	Title	0 N 0	Amount or Jumber of Shares					
Stock Option (Right to	\$10.8	06/08/2020			М			1,121		(2)	09	9/27/2028	Comm		1,121	\$0.00	34,683	1	D	

Explanation of Responses:

- $1. \ The sale reported on this Form 4 was made pursuant to a written trading plan adopted by the Reporting Person on November 21, 2019, in accordance with Rule 10b5-1.$
- 2. 25% of the 59,351 shares underlying the options vested in an annual installment on September 25, 2019 and the remaining balance vested or will vest in equal monthly installments until the option is vested in full on September 25, 2022.

Remarks:

/s/ Daniel Orenstein, as 06/10/2020 Attorney-in-Fact

** 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.