FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549	
rvasiliigtoii,	D.C.	20343	

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

## 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

Name and Address of Reporting Person*     Llewelyn Linda						2. Issuer Name and Ticker or Trading Symbol Health Catalyst, Inc. [ HCAT ]									ck all app Direc	,	ng Pe	rson(s) to Is 10% Ov Other (s	vner
(Last) (First) (Middle) C/O HEALTH CATALYST, INC. 10897 SOUTH RIVER FRONT PARKWAY, #300					3. Date of Earliest Transaction (Month/Day/Year) 06/01/2021										belov	v) Chief Peo	ple (	below) Officer	
(Street) SOUTH JORDAN UT 84095						4. If Amendment, Date of Original Filed (Month/Day/Year)								Line)	Individual or Joint/Group Filing (Check Applicable ne)  X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(Sta		Zip)  -	Non-Deriva	tive	Secui	rities	Ac	quir	ed, Di	sposed o	of, or	Bene	ficial	y Own	ed			
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Ye			Execution		on Date, Ti C Day/Year) 8)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an				Secur Benef	i. Amount of Securities Beneficially Dwned Following		m: Direct or rect (I)	7. Nature of Indirect Beneficial Ownership		
							Code	v	Amount	(A) oi (D)			Trans	saction(s) r. 3 and 4)		tr. 4)	(Instr. 4)		
Common Stock 06/01/202				21			F <sup>(1)</sup>		467	D	\$53	.8757 <sup>(2</sup>	) 4	40,357		D			
		Tal	ble	II - Derivati (e.g., pu							posed of converti				Owne	d			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Exe if ar	Deemed cution Date, 1y nth/Day/Year)		saction (Instr.	5. Nu of Deriv Secu Acqu (A) oi Dispo of (D) (Instr and 5	rative rities ired r osed ) : 3, 4	Expiration Date (Month/Day/Year)  Date Expiration			Am Sec Un Dec Sec 3 a	7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4)  Amoun or Numbe of Title Shares		Price of erivative ecurity estr. 5)	9. Number derivative Securities Beneficial! Owned Following Reported Transactio (Instr. 4)	у	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
- 2. Represents a weighted average price. These shares were sold by the Reporting Person in multiple transactions at prices ranging from \$53.66 to \$54.35, 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.

## Remarks:

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

06/03/2021

\*\* 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.