FORM 4

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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Washington, D.O. 20040	OMB APPF
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

OMB APPROVAL								
OMB Number:	3235-0287							
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					or	Section	1 30(h	n) of the	Invest	ment (Company Act	of 1940							
Name and Address of Reporting Person* Orenstein Daniel H.					2. Issuer Name and Ticker or Trading Symbol Health Catalyst, Inc. [HCAT]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
——————————————————————————————————————				-	<u> </u>								X		(give title			· I	
(Last) (First) (Middle) C/O HEALTH CATALYST, INC.					3. Date of Earliest Transaction (Month/Day/Year) 06/03/2021								delow) below) General Counsel						
10897 SOUTH RIVER FRONT PARKWAY, #300																			
(Street)					4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
SOUTH UT 84095 JORDAN												X Form filed by One Reporting Person Form filed by More than One Reporting							
(City)	(6)	tato)	(7in)		-									Person					
(City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Y			ion	n 2A. Deemed Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Act Disposed Of (Disposed Of Education Code (Instr. 8)			Acquired	l (A) or	5. Amo Securit Benefic Owned		unt of ies :ially Following	Form (D) o	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership			
							Code	v	Amount	(A) or (D)	Price		Reporte Transac (Instr. 3	tion(s)			(Instr. 4)		
Common Stock 06/03/202				021	21			M		2,500	A	\$10	0.34		1,918		D		
Common	ommon Stock 06/03/202			021	21			S ⁽¹⁾		3,872	D	\$52.80)73 ⁽²⁾	78,046			D		
		Т	able I								sposed of , converti				wned				
Derivative Conversion		3. Transaction Date (Month/Day/Year)	Execuif any	Execution Date, if any		1. Fransaction Code (Instr. 3)		vative urities uired or oosed o) tr. 3, 4	6. Date Expira (Monti	ation D		7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)		9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exerci	isable	Expiration Date	Title	Amou or Numb of Share	er					
Stock Option (Right to	\$10.34	06/03/2021			M			2,500	(3	3)	02/10/2026	Common Stock	n 2,50	00	\$0.00	133,50	0	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 March 4, 2021, in accordance with Rule 10b5-1.
- 2. Represents a weighted average price. These shares were sold by the Reporting Person in multiple transactions at prices ranging from \$52.43 to \$53.17, 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
- 3. 25% of the 136,316 shares underlying the options vested in an annual installment on December 31, 2016 and the remaining balance vested in equal monthly installments until the option vested in full on Dec. 31, 2019.

Remarks:

/s/ Daniel Orenstein

06/07/2021

** 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.