SEC For	rm 4																		
FORM 4 UNITED STA						TES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549										OMB APPROVAL			
to Sec obligat	this box if no lo tion 16. Form 4 tions may conti tion 1(b).	l pursua	Pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940										OMB Number: 3235-0287 Estimated average burden hours per response: 0.5						
1. Name and Address of Reporting Person [*] Llewelyn Linda						2. Issuer Name and Ticker or Trading Symbol <u>Health Catalyst, Inc.</u> [HCAT]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Cofficer (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) 01/17/2023								- X below) below) Chief People Officer					
(Street) SOUTH UT 84095 JORDAN					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(St		Zip)																
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)					tion	2A. D Exec if any	Deemed oution Date,	3. Transaction Code (Instr.4. Securiti Disposed 5)			s Acquire	d (A) or	A) or , 4 and Beneficially Owned Folic Reported Transaction			Direct ndirect	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
						(Month/Day/Year)			v	Amount (A) or (D)		Price			(I) (Inst				
Common Stock 01/17/2						23		S ⁽¹⁾		642	D	\$12.			D				
		Та					ties Acqu warrants,							d					
1. Title of Derivative Security (Instr. 3)	rivative Conversion Date Execution Date curity or Exercise (Month/Day/Year) if any			on Date,	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired	6. Date Expirat (Month)	ion Da	isable and 7. Title and Amount of		of es ng	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned	O Fo Iy Di). wnership orm: irect (D) r Indirect	11. Nature of Indirect Beneficial Ownershij (Instr. 4)		

	Derivative Security					Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)				Derivative Security (Instr. 3 and 4)		Owned Following Reported Transaction(s) (Instr. 4)	or Indirect (I) (Instr. 4)	(Instr.
				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:

<u>/s/ Daniel Orenstein, as</u> Attorney-in-Fact

** Signature of Reporting Person Date

01/19/2023

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.