FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	DC	20549
vvasi ii iytori,	D.C.	20349

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
OMP Number:	3235-0287									
OMB Number:										
Estimated average burden										
hours per response:	0.5									

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

															-						
1. Name and Address of Reporting Person*  Nelli James Patrick Jr.							2. Issuer Name and Ticker or Trading Symbol Health Catalyst, Inc. [ HCAT ]									ck all applic Directo	cable)		erson(s) to Issuer  10% Owner Other (specify		
	ALTH CAT	ALYST, INC.	(Middle)	<del>#</del> 300		3. Date of Earliest Transaction (Month/Day/Year) 02/14/2022									- X	below)		sident	below)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
10897 SOUTH RIVER FRONT PARKWAY, #300  (Street)  SOUTH JORDAN  UT  84095					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)										Individual or Joint/Group Filing (Check Applicable ne)  X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(S	tate)	(Zip)																		
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
Date				2. Transa Date (Month/D		ar)	2A. Deemed Execution Date, if any (Month/Day/Year)		,   7	3. Transac Code (Ir 8)		4. Securit Disposed 5)	ties Acqu I Of (D) (I	ired (A nstr. 3,	) or 4 and		es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
										Code	v	Amount	mount (A) or (D)		rice	Reported Transact (Instr. 3	tion(s)			(Instr. 4)	
Common Stock 02/					/2022	/2022			M		2,009 A		A   5	\$10.72	142	142,935		D			
Common Stock 02				02/14	/2022			M		12,051 A		A	\$10.66	154	154,986		D				
		-	Table II -									osed of, onvertil				Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	Date, T	ransactior Code (Instr.				Exp	6. Date Exercisal Expiration Date (Month/Day/Year)			of Secu Underly Derivat	7. Title and Amor of Securities Underlying Derivative Secur (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	Owned Form: Direct or Ind (I) (Ins	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				c	Code	v	(A)	(D)	Dat Exe	te ercisabl		Expiration Date	Title	or Nu of	mber ares						
Stock Option (Right to Buy)	\$10.72	02/14/2022			М			2,009		(1)	1	0/26/2027	Commo Stock		009	\$0.00	10,764	4	D		
Stock Option (Right to Buy)	\$10.66	02/14/2022			M			12,051		(2)	0	14/27/2027	Commo		,051	\$0.00	0.00		D		

## **Explanation of Responses:**

- 1. 25% of the 12,773 shares underlying the option vested in an annual installment and the remaining balance vested in equal monthly installments until the option vested in full on April 26, 2021.
- 2. 25% of the 15,087 shares underlying the option vested in an annual installment and the remaining balance vested in equal monthly installments until the option vested in full on April 27, 2021.

## Remarks:

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

02/16/2022

\*\* 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.