FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, I	D.C.	20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
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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

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Name and Address of Reporting Person* Orenstein Daniel H.						2. Issuer Name and Ticker or Trading Symbol Health Catalyst, Inc. [HCAT]									all appli Directo	cable) or	ting Person(s) to Issuer		wner
	ALTH CAT	irst) ALYST, INC. DRIVE, #400		3. Date of Earliest Transaction (Month/Day/Year) 07/15/2020									X Officer (give title Other (specific below) General Counsel						
(Street) SALT LA CITY (City)		4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person								
		Tah	le I - I	Von-Deri	vativ	Sec	uriti	ies A	cauire	ed D	isnosed (of or B	eneficia	llv ()wner				
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Y				tion	2A. Do Execu	Deemed cution Date,		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or			5. Amo Secur Benef Owner		ınt of es ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
					Code	v	Amount	(A) or (D)	Price			ed ction(s) 3 and 4)			(Instr. 4)				
Common Stock 07/15/20					:020				M		5,000	A	\$10.3	4	45	,000		D	
Common Stock 07/15/2				:020	20			S ⁽¹⁾		2,348	D	\$35.970	09 ⁽²⁾ 42,65		,652		D		
Common Stock 07/15/20				:020	20			S ⁽¹⁾		2,652	D	\$36.328	281 ⁽³⁾ 40,0		,000		D		
		Т	able								sposed of , converti			y Ov	vned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	eemed tion Date, n/Day/Year)	4. Transa Code (8)				6. Date Expira (Month	ation D		7. Title a Amount Securitie Underly Derivatie (Instr. 3	of es ng /e Security	Der	Price of erivative ecurity 1str. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownershij (Instr. 4)
					Code	ode V (A	(A)	(D)	Date Exercisable		Expiration Date	Title	Amount or Number of Shares						
Stock Option (Right to	\$10.34	07/15/2020			М			5,000	(4	4)	02/10/2026	Common Stock	5,000	4	\$0.00	160,000	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, 2020, 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 \$35.24 to \$36.23, inclusive.
- 3. Represents the weighted average sale price of the shares sold ranging from \$36.24 to \$36.48 per share, inclusive. The Reporting Person will provide, upon request by the Issuer, a security holder of the Issuer, or the staff of the Securities and Exchange Commission, full information regarding the number of shares sold at each separate price within the range set forth in this footnote.
- 4. 25% of the shares vested on December 31, 2016 and the remaining 75% vested in 36 equal monthly installments thereafter until the option was vested in full on Dec. 31, 2019.

Remarks:

/s/ Daniel Orenstein

07/17/2020

** 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.