SEC Form 4	
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FORM 4

Check this box if no longer subject

to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

OMB Number:	3235-0287									

Estimated average burden hours per response: 0.5

Obligations m Instruction 1(nay continue. See	File	d pursuant to Section 16(a) of the Securities Exchange Act of 1934	L	L h	nours per respo	nse:	0.
	· /		or Section 30(h) of the Investment Company Act of 1940					
1. Name and Add Orenstein I	dress of Reporting Daniel H.	Person*	2. Issuer Name and Ticker or Trading Symbol <u>Health Catalyst, Inc.</u> [HCAT]		ationship of Rep all applicable) Director Officer (give below)	, 10% Ow		r
1	(First) H CATALYST, I H RIVER FRO	(Middle) INC. NT PARKWAY, #300	3. Date of Earliest Transaction (Month/Day/Year) 06/01/2022	-	,			
(Street) SOUTH JORDAN	UT (State)	84095 (Zip)	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indiv Line) X	,	Group Filing (C y One Reportii y More than O	ng Person	

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	kecution Date, any Ionth/Day/Year) Transaction Code (Instr. 8)		4. Securities Disposed Of			5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
					Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)	(11301. 4)	(1130. 4)
Common Stock	06/01/2022		F ⁽¹⁾		1,181	D	\$ 14.2371 ⁽²⁾	106,552	D	
Common Stock	06/01/2022		F ⁽¹⁾		43	D	\$ 14.9522 ⁽³⁾	106,509	D	

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	Code (Instr.				of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4		ite	7. Titl Amou Secur Under Deriv Secur 3 and	int of rities rlying ative rity (Instr.	Derivative Security (Instr. 5)	f 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	derivative Securities Beneficially Owned Following Reported Transaction(s)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Ownership Form: Direct (D) or Indirect	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares								

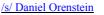
Explanation of Responses:

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 the Reporting Person.

2. Represents the weighted average sale price of the shares sold ranging from \$13.91 to \$14.90 per share, inclusive.

3. Represents the weighted average sale price of the shares sold ranging from \$14.91 to \$15.07 per share, 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 Footnotes (2) and (3).

Remarks:



06/03/2022

** 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.