FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | $D \subset$ | 20549 | |
|--------------|-------------|-------|--|
| vasilligion, | D.C. | 20349 | |

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| Name and Address of Reporting Person* Pramoda Anita | | | | | | 2. Issuer Name and Ticker or Trading Symbol Health Catalyst, Inc. [HCAT] | | | | | | | | | ationship of Reporti call applicable) Director Officer (give title | | ng Person(s) to Issu 10% Own Other (spe | | wner |
|---|--|--|------------|---|---------|---|-------|---|--------------------------------|---|--------------------|---|--|-----------------|---|---|---|--|---------------------------------------|
| | | st) (NALYST, INC. DRIVE, #400 | Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/12/2020 | | | | | | | | | below) | | below) | | specify |
| (Street) SALT LA | AKE UT | 7 8 | 4121 | | 4. If # | Amend | ment, | Date of | f Origina | ıl Filed | d (Month/Da | y/Year) | | ne) X | ridual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (St | | Zip) | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Tra | | | 2. Transac | saction 2A. I Exec (Day/Year) if an (Mor | | ecurities Acqu 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5) | | | 3) or 5. Am 4 and Secul Bene | | unt of ies cially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | Code | v | Amount | (A) o (D) | r Price | _ т | ransa | ction(s) B and 4) | | | (11301.4) |
| Common Stock 06/ | | | 06/12/ | 2020 | | | | A | | 5,443(1) | A | \$0. | 00 5,443 | | 443 D | | | | |
| Common Stock | | | | | | | | | | | | | 9 | | 94,348 | | I | By Omkara, LLC ⁽²⁾ | |
| | 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) | if any | emed on Date, Day/Year) | | nsaction of | | | 6. Date Expirati (Month/ | on Da | | 7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4) | | Deriva Secur | Price of erivative ecurity nstr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | у | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercis | able | Expiration Date | | Amount or Number of Shares | | | | | | |

Explanation of Responses:

- 1. Represents an award of restricted stock units ("RSUs") granted pursuant to the Issuer's 2019 Stock Option and Incentive Plan (the "2019 Plan"). Each RSU represents a contingent right to receive one share of the Issuer's common stock. Subject to the terms of the 2019 Plan, the RSUs will fully vest on the date of the next Annual Meeting of the Issuer's Stockholders.
- 2. The shares are held by Omkara, LLC and the Reporting Person wholly-owns and holds the voting and dispositive power of these shares.

Remarks:

/s/ Daniel Orenstein, as 06/17/2020 Attorney-in-Fact

** 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.