FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

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

	tion 1(b).	nuc. See		Filed							es Exchang npany Act o		f 1934			liours	per res	sponse:	0.5
Name and Address of Reporting Person*     Ferris Timothy G.				2. Issuer Name <b>and</b> Ticker or Trading Symbol Health Catalyst, Inc. [ HCAT ]									Check all X D	tionship of Reportir all applicable) Director		ing Person(s) to Is 10% Ov			
(Last) (First) (Middle) C/O HEALTH CATALYST, INC. 3165 MILLROCK DRIVE, #400						3. Date of Earliest Transaction (Month/Day/Year) 06/12/2020									Officer (give title below)			Other (s	specify
(Street) SALT LA CITY (City)	AKE <sub>U'</sub>	Γ 8	4121 Zip)		4. If A	amend	ment, I	Date o	f Origina	al Filed	d (Month/Da	y/Year)		ine) X Fe	orm filed	by One	e Repo	g (Check A orting Persi n One Repo	on
		Table	I - No	n-Deriva	tive S	Secui	rities	Acq	uired,	Dis	posed of	, or E	Benefic	ially O	vned				
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)				Execution Da		Date,	3. Transaction Code (Instr. 8)		4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)			and Sec Bei Ow	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)		
									Code	v	Amount	(A) (D)	FIIC	Tra (Ins	Transaction(s) (Instr. 3 and 4)				, , , , , , , , , , , , , , , , , ,
Common Stock 06/12/2					2020		A		5,443 <sup>(1)</sup> A		\$0	.00	5,443			D			
		Tal									osed of, o				ned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	emed ion Date, /Day/Year)	4. Transa Code ( 8)	(Instr. Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		ative rities ired osed . 3, 4	6. Date Exercisable and Expiration Date (Month/Day/Year)  Date Expiration Exercisable Date		7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)  Amount or Numbor of Title Share:		int eer		lumber of ivative curities neficially ned owing ported nsaction tr. 4)	,   (	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	

## **Explanation of Responses:**

## Remarks:

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

06/16/2020

\*\* 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.

<sup>1.</sup> 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.