FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

<b>STATEMENT</b>	<b>OF CHANGE</b>	S IN BENEFICIA	L OWNERSHIP

OMB APPR	OVAL				
OMB Number:	3235-0287				
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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).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(n). See Instruction 1

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

	ee Instruction 1																		
Name and Address of Reporting Person*     Gallagher Duncan			2. Issuer Name and Ticker or Trading Symbol Health Catalyst, Inc. [ HCAT ]  5. Relationship of Reporting Person(s) to Issuer (Check all applicable)																
Ganagi	<u>iei Dunca</u>	<u>111</u>						J			J			1	Direc	tor		10% Ov	vner
		st) (N ALYST, INC. ER FRONT PAI	Middle)	Y, #300	3. Date of Earliest Transaction (Month/Day/Year) 12/01/2024									Office below	er (give title /)		Other (specify below)		
(Ctro ot)					4. If A	Amend	ment,	Date o	f Origina	al Filed	d (Month/Da	y/Year		6. Indi Line)	/idual o	Joint/Grou	p Filing	g (Check A	pplicable
(Street) SOUTH JORDAN	N UT	. 8	4095											V		filed by On filed by Mo on		•	
(City)	(Sta	ate) (Ž	Zip)																
		Table	I - No	n-Deriva	tive S	Secui	rities	Acq	uired,	Dis	posed of	, or E	Benefi	cially	Own	ed			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da			Execution Date,		Date,	Transaction Disposed Code (Instr. 5)		es Acquired (A Of (D) (Instr. 3,		4 and Securi Benefi Owned		ties Fo cially (D d Following (I)		orm: Direct D) or Indirect ) (Instr. 4)	7. Nature of Indirect Beneficial Ownership				
								Code	v	Amount	(A) (D)	or Pri	се	Transa	eported ransaction(s) nstr. 3 and 4)			(Instr. 4)	
Common Stock 12/01/2				/2024		A		2,001(1)	A	<b>A</b> \$	0.00	78	78,938		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)	Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any				Transaction Code (Instr. 8)		sed . 3, 4	Expiration Da (Month/Day/Y		te	7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		Der Sec (Ins	Price of erivative ecurity nstr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owne Form Direct or Ind (I) (Ins	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code		(A) (D)		Date Exercisable		Expiration Date	or Number of Title Shares							

## **Explanation of Responses:**

1. Represents an award of the Issuer's 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 and in accordance with the terms of Issuer's Non-Employee Director Compensation Policy, 100% of such RSUs vested on December 1, 2024.

## Remarks:

/s/Benjamin Landry, as Attorney-in-Fact 12/03/2024

\*\* 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.