SEC For	rm 4																		
FORM 4			UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549											N					
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 OWNE Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940										ERSHIP			OMB Number: 3235-0287 Estimated average burden hours per response: 0.5		
1. Name and Address of Reporting Person [*] <u>Hunt Bryan Truman</u>						2. Issuer Name and Ticker or Trading Symbol Health Catalyst, Inc. [HCAT]									all app Direct Office	licable) tor er (give title	0		Owner (specify
I	(Last)(First)(Middle)C/O HEALTH CATALYST, INC.10897 SOUTH RIVER FRONT PARKWAY, #300					3. Date of Earliest Transaction (Month/Day/Year) 09/01/2021								A below) below) Chief Financial Officer					
(Street) SOUTH UT 84095 JORDAN				4.	4. If Amendment, Date of Original Filed (Month/Day/Year)								 6. Individual or Joint/Group Filing (Check Applicab Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person 			son			
(City)	(S	tate)	(Zip)																
		Tab	le I -	Non-Deriva	tive	e Secur	ities A	cqu	iired,	Disposed	of,	or E	Benefic	cially	Own	ed			
1. Title of Security (Instr. 3) Date (Month/Day/Y				2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a						ties cially d Following	Fc (D g In	Ownership orm: Direct)) or direct (I)	7. Nature of Indirect Beneficial Ownership		
						Cod	le V	Amount		(A) or (D) Price			Transaction(s) (Instr. 3 and 4)			nstr. 4)	(Instr. 4)		
Common Stock 09/01/202				1			F ⁽¹	.)	286		D	\$54.23	21 ⁽²⁾	6	2,231		D		
			Fable	II - Derivati (e.g., pu						isposed o s, conver)wneo	d			
1. Title of	2.	3. Transaction		. Deemed	4. Trai	,	5. Number 6. Date Exercisable and 7. Title and						rice of	9. Numbe	er of	10.	11. Nature		

1. Title of Derivative Security (Instr. 3)	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	Code (Instr.		of		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	ect ial hip
			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 a weighted average price. These shares were sold by the Reporting Person in multiple transactions at prices ranging from \$53.91 to \$54.76, 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 this Footnote.

Remarks:

<u>/s/ Daniel Orenstein, as</u> <u>Attorney-in-Fact</u>

<u>09/03/2021</u>

** 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.