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
-------------	------	-------

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

11. Nature

Instruction 1(b).			Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940		nours pe	r response. 0.5					
1. Name and Address of Reporting Person* Orenstein Daniel H.			2. Issuer Name and Ticker or Trading Symbol Health Catalyst, Inc. [HCAT]		k all applicable) Director Officer (give title	10% Owner ve title Other (specify					
l	(First) (Middle) EALTH CATALYST, INC. MILLROCK DRIVE, #400		3. Date of Earliest Transaction (Month/Day/Year) $10/15/2020$		General C	below) ounsel					
(Street) SALT LAKE CITY	UT	84121	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indiv Line) X	vidual or Joint/Group Fi Form filed by One R Form filed by More th Person	eporting Person					
(City)	(State)	(Zip)									
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned										

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)	3. Transa Code (8)						6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(111301. 4)	
Common Stock	10/15/2020		M		5,000	A	\$10.34	45,000	D		
Common Stock	10/15/2020		S ⁽¹⁾		3,733	D	\$35.14 ⁽²⁾	41,267	D		
Common Stock	10/15/2020		S ⁽¹⁾		1,267	D	\$35.63 ⁽³⁾	40,000	D		

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) 5. Number 6. Date Exercisable and Expiration Date 1. Title of 3A. Deemed 7. Title and 3. Transaction 8. Price of 9. Number of 10.

Security (Instr. 3)	or Exercise Price of Derivative Security	(Month/Day/Year)	if any (Month/Day/Year)	Code (8)	Instr.	Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		(Month/Day/Year)		Securities Underlying Derivative Security (Instr. 3 and 4)		Security (Instr. 5)	Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Stock Option (Right to Buy)	\$10.34	10/15/2020		М			5,000	12/31/2019 ⁽⁴⁾	02/10/2026	Common Stock	5,000	\$0.00	105,816	D	

Explanation of Responses:

- 1. The sale reported on this Form 4 was made pursuant to a written trading plan adopted by the Reporting Person on March 4, 2020, in accordance with Rule 10b5-1.
- 2. Represents the weighted average sale price of the shares sold ranging from \$34.53 to \$35.52 per share, inclusive.
- 3. Represents the weighted average sale price of the shares sold ranging from \$35.53 to \$35.77 per share, inclusive. The Reporting Person will provide, upon request by the Issuer, a security holder of the Issuer, or the staff of the Securities and Exchange Commission, full information regarding the number of shares sold at each separate price within the range set forth in footnotes (2) and (3).
- 4. 25% of the shares vested on December 31, 2016 and the remaining 75% vested in 36 equal monthly installments thereafter until the option was vested in full on Dec. 31, 2019.

Remarks:

/s/ Daniel Orenstein

10/16/2020

** Signature of Reporting Person

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.