FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D	D.C. 20	549
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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

1. Name and Address of Reporting Person*  Nelli James Patrick Jr.					2. Issuer Name and Ticker or Trading Symbol Health Catalyst, Inc. [ HCAT ]									all app Direc	er (give title	ng Per	10% Ov Other (s	wner
(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							11	belov	,	ident	below)				
(Street) SOUTH JORDAN UT 84095 (City) (State) (Zip)				4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable ine)  X Form filed by One Reporting Person Form filed by More than One Reporting Person						
1. Title of	Security (Ins		I - Non-Deriva	1 2	A. Deen	ned	3		4	Securities	Acquire	d (A) or		5. Amo	ount of			7. Nature
Date (Month/Day/Y				´		Transaction Code (Instr. 8)		Disposed Of (D) (Instr. 3, 4 a		r. 3, 4 and !	5)	Securities Beneficially Owned Following Reported		Form: Direct (D) or Indirect (I) (Instr. 4)		of Indirect Beneficial Ownership (Instr. 4)		
					ď		ode	V A	mount	(A) or (D)	Price		Transaction(s) (Instr. 3 and 4)		(iii3iii 4)		(3 4)	
Common Stock 09/01/202			.1			F <sup>(1)</sup>		2,870	D \$54.2		21 <sup>(2)</sup> 130,478		30,478		D			
		Tal	ble II - Derivat (e.g., pı							osed of converti				Owne	d			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code 8)		of Derive Secur Acqui (A) or Dispo	ivative (Month/Daurities uired posed D) tr. 3, 4			Expiration Date (Month/Day/Year)		le and unt of rities erlying rative rity (Instr. 1 4)  Amount or Number	Deri Sec	rivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owner Form: Direct or Indi (I) (Ins	Ownership	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date	e rcisable	Expiration Date	Title	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:

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

09/03/2021

\*\* 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.