SEC Form 4	
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(City)

FORM 4

(State)

(Zip)

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									
l	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).	• • • • • • • •	Dursuant to Section 16(a) of the Securities Exchange Act of 193		OMB Number: Estimated average burch hours per response:	3235-0287 den 0.5	
1. Name and Address of Reporting Person Llewelyn Linda (Last) (First)	on* (Middle)	 or Section 30(h) of the Investment Company Act of 1940 2. Issuer Name and Ticker or Trading Symbol <u>Health Catalyst, Inc.</u> [HCAT] 3. Date of Earliest Transaction (Month/Day/Year) 	(Check all applica Director X Officer (below)	, 10% C	Owner (specify	
C/O HEALTH CATALYST, INC. 3165 MILLROCK DRIVE, #400 (Street)		12/01/2020 4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Individual or Jo Line)	ividual or Joint/Group Filing (Check Applic		
SALT LAKE CITY UT	84121		1	ed by One Reporting Pers ed by More than One Rep		

Table I - Non-Derivative Securities	Acquired, Dispo	sed of, or E	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)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			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) or (D)	Price	Transaction(s) (Instr. 3 and 4)	(1130.4)	(1150.4)
Common Stock	12/01/2020		S ⁽¹⁾		1,570	D	\$34.99 ⁽²⁾	23,807	D	
Common Stock	12/02/2020		S ⁽¹⁾		1,367	D	\$ 35.0097 ⁽³⁾	22,440	D	
Common Stock	12/02/2020		S ⁽¹⁾		522	D	\$ 35.9615 ⁽⁴⁾	21,918	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)	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 Expirat		Expiration Date (Month/Day/Year)		Amount of Securities		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Ownership Form: Direct (D)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

Explanation of Responses:

1. The sales reported on this Form 4 was made pursuant to a written trading plan adopted by the Reporting Person on November 21, 2019, in accordance with Rule 10b5-1.

2. Represents a weighted average price. These shares were sold by the Reporting Person in multiple transactions at prices ranging from \$34.88 to \$35.09, inclusive.

3. Represents a weighted average price. These shares were sold by the Reporting Person in multiple transactions at prices ranging from \$34.50 to \$35.49, inclusive.

4. Represents a weighted average price. These shares were sold by the Reporting Person in multiple transactions at prices ranging from \$35.50 to \$36.33, 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 Footnotes (2) through (4).

Remarks:

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

12/03/2020

** 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.