FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	$D \subset$	20549	
vasilligion,	D.C.	20349	

STATEMENT	OF CH	ANGES
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OMB APPROVAL IN BENEFICIAL OWNERSHIP

OMB Number:	3235-0287								
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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).

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

Name and Address of Reporting Person* Orenstein Daniel H.					2. Issuer Name and Ticker or Trading Symbol Health Catalyst, Inc. [HCAT]									all app Direc	,	ng Pers	son(s) to Is 10% Ov Other (s	wner	
(Last) (First) (Middle) C/O HEALTH CATALYST, INC. 3165 MILLROCK DRIVE, #400						3. Date of Earliest Transaction (Month/Day/Year) 12/01/2020								Λ	below		Cour	below) nsel	
(Street) SALT LA	U		412	1	4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Indiv Line) X	,				on
(City)	(S		Zip) 	Non-Deriva	tive	Sacur	ritios	Λ cα	uira	ad D	vienosed (of or	Ronofi	cially	Own	ed.			
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Ye	2A. Deem		ned 3 n Date, T		3.		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an		5. Amor Securiti Benefic Owned		ount of 6. 0 ties For cially (D) I Following Ind		n: Direct r ect (I)	7. Nature of Indirect Beneficial Ownership		
								Co	ode	v	Amount	(A) or (D)	Price		Reported Transaction(s) (Instr. 3 and 4)		(Instr. 4)		(Instr. 4)
Common Stock 12/01/2020				0			S	S ⁽¹⁾		6,084	6,084 D \$34.9		⁷ 32 ⁽²⁾ 3		33,916		D		
Common	Common Stock 12/02/2020				0	ı		S	S ⁽¹⁾		2,833	D	\$35.00	\$35.0097 ⁽³⁾		31,083		D	
Common	nmon Stock 12/02/2020				0)		S	5(1)		1,083	D	\$35.90	5.9615 ⁽⁴⁾		30,000		D	
Table II - Derir (e.g. 1. Title of Derivative (Instr. 3) 2. Conversion or Exercise Price of Derivative Security 3. Transaction Date Execution Date (Month/Day/Year) if any (Month/Day/Year)			Deemed cution Date, ny	ve Securit its, calls, v 4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed		er 6. Date Exer Expiration D (Month/Day/		ercisable and	7. Ti Amo Secu Und Deri	tle and ount of urities erlying vative urity (Insti	8. P Der Sec (Ins	rice of ivative urity tr. 5)	9. Number derivative securities Beneficially Owned Following Reported		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	of (D) (Instr. 3 and 5)		Date Exe	e rcisab	Expiratio le Date		Amoun or Numbe of	r		Transaction (Instr. 4)	(s)		

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 March 4, 2020, in accordance with Rule 10b5-1.
- 2. Represents the weighted average sale price of the shares sold ranging from \$34.76 to \$35.07 per share, inclusive.
- $3. \ Represents the weighted average sale price of the shares sold ranging from \$34.50 to \$35.49 per share, inclusive.$
- 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:

/s/ Daniel Orenstein

12/03/2020

** 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.