SEC Form 4												
FORM 4 UNI	ES SECURITI	IES A		-		SSION OMB APPROVAL						
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).	T OF CHANG ursuant to Section 16 or Section 30(h) of th	(a) of th	ne Sec	curities Excha	of 1934	CMB Number: 3235-0 Estimated average burden hours per response:						
1. Name and Address of Reporting Person* Horstmeier Paul		2. Issuer Name and Ticker or Trading Symbol <u>Health Catalyst, Inc.</u> [HCAT]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify				
(Last) (First) (Mic C/O HEALTH CATALYST, INC. 10897 SOUTH RIVER FRONT PARK	,	3. Date of Earliest Transaction (Month/Day/Year) 06/01/2021						X below) below) Chief Operating Officer				
(Street) SOUTH UT 840		4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City) (State) (Zip												
Table I	Non-Derivati	ive Securities A	cquir	ed, C	Disposed	of, or	Beneficially	/ Owned				
1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Yea	r) 2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Disposed Of			5. Amount of Securities Beneficially Owned Followin Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)			
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)	((11501 4)		
Common Stock 06/01/202			F ⁽¹⁾		2,115	D	\$53.8757 ⁽²⁾	115,701	D			
		e Securities Ac s, calls, warrant	is, opt	tions		ible se	ecurities)	Owned		1		

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execution Date, Tr if any C (Month/Day/Year) 8)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of 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)
				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 \$53.66 to \$54.35, 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>

06/03/2021

** 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.