FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See
Inchrication 1/h)

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

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

	ee Instruction 1	Reporting Person*									Symbol					o of Reportir	ng Pers	on(s) to Is	ssuer	
Gallagher Duncan						Health Catalyst, Inc. [HCAT]									k all app Direc	,		10% O	wner	
(Last) (First) (Middle) C/O HEALTH CATALYST, INC. 10897 SOUTH RIVER FRONT PARKWAY, #300						3. Date of Earliest Transaction (Month/Day/Year) 12/30/2024									Officer (give title Other (specify below) below)					
(Street) SOUTH JORDAN UT 84095					4. If <i>I</i>	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Indi	<u>′</u>					
(City)	(St	ate) (Z	Zip)																	
		Table	I - Non-De	erivat	tive S	Secu	rities	Acc	quired	, Dis	posed of	, or E	Benefi	cially	/ Own	ed				
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day)						Execu	eemed ition Date, h/Day/Year)					s Acquired (A) of (D) (Instr. 3, 4		4 and Secur Benef Owne		cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) o (D)	r Pric	e		ted action(s) 3 and 4)			(Instr. 4)	
Common	024		S ⁽¹⁾		4,500	D	\$6.	9298	69,938		D									
		Tal	ble II - Der (e.g								osed of,				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 Da if any (Month/Day/Y	on Date, Transa				ative ities red sed 3, 4	6. Date Expira (Month	tion D		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Dei Sed (Ins	Price of rivative curity str. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y D	0. Ownership orm: Direct (D) r Indirect) (Instr. 4)	Benefici Ownersh t (Instr. 4)	
					Code	v	(A)	(D)	Date Exerci	sable	Expiration Date	Title	Amour or Number of Shares	er						

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 May 26, 2024 in accordance with Rule 10b5-1.

Remarks:

/s/Benjamin Landry, as Attorney-in-Fact

12/31/2024

** 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.