FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D	.C. 20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
OMB Number: 3235-										
Estimated average burden										
hours per response	. 05									

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

1. Name and Address of Reporting Person*  Alger Jason					2. Issuer Name and Ticker or Trading Symbol Health Catalyst, Inc. [ HCAT ]									Check	all app Direc	licable)			Issuer  Dwner (specify	
(Last) (First) (Middle) C/O HEALTH CATALYST, INC. 10897 SOUTH RIVER FRONT PARKWAY, #300					3. Date of Earliest Transaction (Month/Day/Year) 09/06/2022									X	below Cł	nief Accou	ınting (	below) Officer		
(Street) SOUTH JORDAN (City)	N U1		4095 Zip)		4. If <i>i</i>	4. If Amendment, Date of Original Filed (Month/Day/Year)								. Indivine)	ividual or Joint/Group Filing (Check Applicable  Form filed by One Reporting Person  Form filed by More than One Reporting  Person					
		Table	I - No	on-Deriva	tive	Secur	rities A	cqu	uired,	, Dis	posed of	, or B	enefic	ially	Own	ed				
1. Title of Security (Instr. 3)  2. Transactio Date (Month/Day/N						Execution Date,		Ti C	3. Transaction Code (Instr. 8)  4. Securities Acquired Disposed Of (D) (Instr.				d 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)		
								С	ode	v	Amount	(A) or (D) Price		Trans		ction(s) 3 and 4)			(111311. 4)	
Common Stock 09/06/20					.022				S <sup>(1)</sup>		262	D	\$11.2	1.2801		36,522		)		
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)	Derivative Conversion Date Security or Exercise (Month/Day/Year) if any			ıtion Date,	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)		ate	7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)				9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y Di or (I)	). wnership orm: rect (D) · Indirect (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A) (C		Date Exercis	sable	Expiration Date	Title	Amount or Number of Shares							

## **Explanation of Responses:**

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

## Remarks:

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

09/08/2022

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.