FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

ı	OIVID APPROVAL									
	OMB Number:	3235-0287								
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	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).

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* MOTT DARCY G						2. Issuer Name and Ticker or Trading Symbol HEALTHEQUITY INC [HQY]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
	C/O HEALTHEQUITY, INC.					Date 5/25/2		iest Tran	ısacti	on (Mon	ith/D	ay/Year)		below)				ner (specify ow)			
15 W. SCENIC POINTE DR., STE. 100						If Am	endme	ent, Date	of Or	riginal Fi	led	(Month/Da	6. In	6. Individual or Joint/Group Filing (Check Applicable							
(Street) DRAPEI	ortreet) DRAPER UT 84020												Line	Form fil	iled by One Reporting Person iled by More than One Reporting						
(City) (State) (Zip)																					
		Та	ble I - Nor	n-Deriv	vativ	re Se	ecuri	ties A	cqui	ired, C	Disp	osed o	of, o	r Ben	eficiall	y Owned					
, , , , , , , , , , , , , , , , , , ,				Date	2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		•,	3. Transaction Code (Instr. r) 8)					Securities Beneficia Owned Fo	5. Amount of Securities Beneficially Owner following		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership		
									-	Code	v	Amount		(A) or (D)	Price	Reported Transacti (Instr. 3 a	on(s)			(Instr. 4)	
Common Stock 05/25						16				M ⁽¹⁾		14,00	00	A	\$0.1	68,	68,000		D		
Common Stock 05/25						5/2016				S ⁽¹⁾		10,00	00	D	\$25	58,	,000		D		
			Table II -									sed of onverti				Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution D if any (Month/Day)	Pate, T	ransaction Code (Instr.		of		6. D	6. Date Exercisa Expiration Date (Month/Day/Yea		able and 7. T of S		7. Title and Amoun of Securities Underlying Derivative Security Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transactie (Instr. 4)	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)	t d
				C	Code	v	(A)		Date Exe	e rcisable		kpiration ate	Title		Amount or Number of Shares						
Stock Option (right to buy)	\$0.1	05/25/2016		1	M ⁽¹⁾			14,000		(2)	06	5/20/2017	Common Stock 14,0		14,000	\$0 134,0		00	D		
Stock Option (right to buy)	\$14									(2)	07	7/30/2024		nmon ock	10,000		10,00	0	D		
Stock Option (right to buy)	\$0.1									(2)	05	5/22/2018		nmon ock	20,000		20,00	0	D		
Stock Option (right to buy)	\$1.25								08/0	05/2015	80	3/08/2021		nmon ock	125,000		125,00	00	D		
Stock Option	\$25.39									(3)	03	3/26/2025	Com	nmon	25,000		25,00	0	D		

Explanation of Responses:

buy)

- 1. The option exercise and subsequent sale reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on July 15, 2015.
- 2. The option is immediately exercisable.
- 3. The option became exercisable as to 6,250 shares on March 26, 2016. The remaining shares become exercisable in three equal annual installments of 6,250 shares on March 26, 2017, 2018 and 2019.

<u>/s/ Darcy G. Mott</u> <u>05/27/2016</u>

** 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.