FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL											
OMB Number:	3235-0287										
Estimated average bu	ırden										

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

hours per response: 0.5 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*     Kessler Jon						2. Issuer Name and Ticker or Trading Symbol HEALTHEQUITY INC [ HQY ]								Relationship of Reporti (Check all applicable)     X Director			g Person(s) to Issuer 10% Owner		
(Last) (First) (Middle) 15 W. SCENIC POINTE DR., STE. 100					3. Date of Earliest Transaction (Month/Day/Year) 09/15/2016								X Officer (give title below)  President and CEO						
(Street)  DRAPEI  (City)		T tate)	84020 (Zip)		4.	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					
Table I - Non-Deriva  1. Title of Security (Instr. 3)  2. Transactic Date (Month/Day/				ction	on 2A. Deemed Execution Date,			3.		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and			_	5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
								Code	v	Amount	(A) or (D)	Price		Reported Transact (Instr. 3 a	ion(s)			(Instr. 4)	
Common Stock 09/15/20					2016	16		M <sup>(1)</sup>		20,000	A	\$0.1	1	440	10,000		D		
Common Stock 09/15/20				2016	16			S <sup>(1)</sup>		20,000	D	\$33.45	76 <sup>(2)</sup>	420	0,000		D		
			Table I								posed of , converti				vned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deer Execution if any (Month/I		4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exerc Expiration Da (Month/Day/V		ate	7. Title and Amc of Securities Underlying Derivative Secu (Instr. 3 and 4)		D S	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e s Illy I	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amount or Number of Share						
Stock Option (right to buy)	\$0.1	09/15/2016			M <sup>(1)</sup>			20,000	(3)		03/26/2019	Common Stock	20,00	0	\$0	120,00	0	D	
Stock Option (right to buy)	\$1.25								(3)		08/08/2021	Common Stock	325,00	00		325,00	0	D	
Stock Option (right to	\$14								(3)		07/30/2024	Common Stock	40,00	0		40,000	)	D	

## **Explanation of Responses:**

- 1. The option exercises and subsequent sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on September 16, 2015.
- 2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$33.03 to \$33.94, 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 range set forth in this footnote (2) to this Form 4.
- 3. The option is immediately exercisable.

/s/ Jon Kessler

09/19/2016

\*\* 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.