Instruction 1(b)

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

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

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

			or Section 30(h) of the Investment Company Act of 1940						
Name and Address of Reporting Person* Hill Angelique Christine			2. Issuer Name and Ticker or Trading Symbol HEALTHEQUITY, INC. [HQY]		Officer (give title Other	10% Owner Other (specify			
	ast) (First) (Middle) /O/ HEALTHEQUITY, INC. 5 W. SCENIC POINTE DR., STE. 100		3. Date of Earliest Transaction (Month/Day/Year) 06/05/2020		Exec VP, Operations				
(Street)			4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indiv Line)	6. Individual or Joint/Group Filing (Check Applicable Line)				
DRAPER	UT	84020		X	Form filed by One Re Form filed by More the Person				
(City)	(State)	(Zip)							
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned									

1. Title of Security (Instr. 3) 2. Transaction Date 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) 7. Nature 2A. Deemed 5. Amount of 6. Ownership 3. Transaction Securities Execution Date. Form: Direct of Indirect (D) or Indirect (I) (Instr. 4) (Month/Day/Year) Code (Instr. 8) (Month/Dav/Year) Owned Following Ownership Reported (Instr. 4) (A) or (D) nsaction(s) ν Price Code Amount (Instr. 3 and 4) Common Stock 06/05/2020 D 18,292 D S 4.155 \$65,515 Common Stock 06/05/2020 1.936 D \$65,4576(1) 16,356 D S D Common Stock 06/05/2020 М 5.000 Α \$18.93 21.356 Common Stock 06/05/2020 5,000 D \$66.0369(2) 16,356 D S

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) 6. Date Exercisable and 1. Title of 3. Transaction 5. Number 7. Title and 9. Number of 11. Nature 3A. Deemed 8. Price of 10. Conversion or Exercise Price of Transaction Code (Instr. 8) Amount of Securities Underlying Ownership Form: Direct (D) Date (Month/Day/Year) Execution Date if any Expiration Date (Month/Day/Year) Derivative derivative Securities of Indirect Beneficial Security (Instr. 3) Derivative Security (Instr. 5) (Month/Day/Year) Securities Beneficially Ownership Derivative Security Acquired (A) or Disposed Derivative Security (Instr. 3 and 4) or Indirect (I) (Instr. 4) (Instr. 4) Reported of (D) (Instr. 3, 4 Transaction(s) (Instr. 4) and 5) Amount Number Date Exercisable Expiration Date of Shares (A) (D) Title Code Stock Option (right to Commor \$18.93 06/05/2020 M 5,000 (3) 09/04/2024 5,000 \$0 10,100 D Stock

Explanation of Responses:

- 1. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$65.38 to \$65.52, 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 footnotes (1) and (2) of this Form 4.
- 2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$65.93 to \$66.08, inclusive.
- 3. The option is immediately exercisable

/s/ Angelique Hill

06/09/2020

** 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.