#### FORM 4

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

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

#### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

**OMB APPROVAL** OMB Number: Estimated average burden 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

	me and Address of Reporting Person* rvino Frank					HEALTHEQUITY INC [ HQY ]								neck al		,	g Pers	ion(s) to Iss 10% Ov		
	(Last) (First) (Middle) C/O HEALTHEQUITY, INC.					3. Date of Earliest Transaction (Month/Day/Year) 12/10/2018									Officer (give title below)		Other (s below)		specify	
15 W. SCENIC POINTE DR., STE. 100					4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable						
(Street)  DRAPEI	R U'	Т	84020									Lin	, Х І	Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(S	tate)	(Zip)																	
		Tab	le I - I	Non-Deri	vative	e Sec	urit	ies A	cquire	ed, D	isposed o	of, or B	eneficia	lly O	vnec	I				
		2. Transaction Date (Month/Day/Year		Execution Date,		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an			Benefic Owned		es ially Following	Form (D) o	n: Direct r Indirect sstr. 4)	7. Nature of Indirect Beneficial Ownership				
						Code V		Amount	(A) or (D) Price		Report Transa (Instr. 3		tion(s)			(Instr. 4)				
Common	Stock			12/10/2	2018				s		1,778	D	\$67.777	5(1)	5,	5,051 I		D		
Common	Common Stock			12/12/2	12/2018				M		2,068	A	\$21.27	.7		,119		D		
Common	Stock			12/12/2	2018				S		2,068	D	\$70.805	059 5,051				D		
		7	Table								sposed of , converti			/ Ow	ned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year		4. Transa Code ( 8)			6. Date Exer Expiration D (Month/Day/		ate	7. Title and Amou of Securities Underlying Derivative Securi (Instr. 3 and 4)		Deriv Secu	Price of erivative ecurity estr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Owi Fori Dire or li (I) (I	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
						v	(A)	(D)	Date Exerci	sable	Expiration Date	Title	Amount or Number of Shares							
Stock Option (right to buy)	\$21.27	12/12/2018			M			2,068	(2		02/01/2026	Common Stock	2,068	\$	60	12,932	!	D		
Stock Option (right to	\$14								(2	()	07/30/2024	Common Stock	12,500			12,500		D		

# **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 \$67.74 to \$67.86 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 footnote (1) to this Form 4.

## Remarks:

The Power of Attorney given by Mr. Corvino was previously filed with the U.S. Securities & Exchange Commission on February 3, 2017, as an exhibit to a statement on Form 4 filed by Mr. Corvino with respect to HealthEquity, Inc. and is hereby incorporated by reference.

> /s/ Delano W. Ladd, attorneyin-fact \*\* Signature of Reporting Person

12/12/2018

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.

<sup>2.</sup> The option is immediately exercisable