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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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

OMB APPROVAL OMB Number: 3235-0287

Estimated average burd	en
hours per response:	0.5

1. Nume and Address of Reporting reison			2. Issuer Name and Ticker or Trading Symbol <u>HEALTHEQUITY INC</u> [HQY]		tionship of Reporting Perso all applicable) Director	(s) to Issuer 10% Owner	
(Last) C/O HEALTHE		(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 09/01/2016		Officer (give title below)	Other (specify below)	
15 W. SCENIC (Street) DRAPER	UT	84020	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indiv Line) X	idual or Joint/Group Filing (Form filed by One Report Form filed by More than C Person	ting Person	
(City)	(State)	(Zip)			r cison		

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transa Code (8)		4. Securities Disposed Of 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)
		Code V		v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(11511 4)
Common Stock	09/01/2016		Α		205	Α	\$ <mark>0</mark>	205	D	

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)	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)		5. Num of Deriva Securi Acquir (A) or Dispos of (D) (Instr. and 5)	tive ties red sed 3, 4	6. Date Exercisable and Expiration Date (Month/Day/Year)		te Amount of		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Restricted Stock Unit	(1)	09/01/2016		Α		308		(2)	(2)	Common Stock	308	\$0	308	D	
Restricted Stock Unit	(1)	09/01/2016		Α		2,538		(3)	(3)	Common Stock	2,538	\$0	2,538	D	
Stock Option (right to buy)	\$32.5	09/01/2016		A		7,632		(4)	09/01/2026	Common Stock	7,632	\$0	7,632	D	

Explanation of Responses:

1. Each restricted stock unit represents a contingent right to receive one share of the issuer's common stock.

2. The restricted stock units vest on November 1, 2016. Vested shares will be delivered to the reporting person upon vesting.

3. The restricted stock units vest in three equal annual installments of 846 shares on September 1, 2017, 2018, and 2019. Vested shares will be delivered to the reporting person upon vesting.

4. The option becomes exercisable in three equal annual installments of 2,544 shares on September 1, 2017, 2018, and 2019.

Remarks:

The Power of Attorney given by Mr. Dillon was previously filed with the U.S. Securities & Exchange Commission on September 6, 2016 as an exhibit to a statement on Form 3 filed by Mr. Dillon with respect to HealthEquity, Inc. and is hereby incorporated by reference.

s/ Delano W. Ladd, attorney-in-09/06/2016

<u>fact</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.