Instruction 1(b)

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

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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* Medici Frank						2. Issuer Name and Ticker or Trading Symbol HEALTHEQUITY, INC. [HQY]								Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
(Last) (First) (Middle) 600 BRICKELL AVENUE, 39TH FLOOR						3. Date of Earliest Transaction (Month/Day/Year) 11/18/2020								Λ		(give title		Other (s	·
(Street) MIAMI FL 33131 (City) (State) (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					
		Tab	ole I - N	Non-Deri	ivativ	e Sec	curit	ies A	cquir	ed, D	isposed o	of, or B	enefic	ially	Owned				
1. Title of Security (Instr. 3) 2. T				2. Transac Date	2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an			Beneficially Owned Follo		int of es ially Following	Form (D) o	n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership
									Code	v	Amount	(A) or (D)	Price		Reporte Transac (Instr. 3	tion(s)			(Instr. 4)
Common Stock 11/					2020				М		15,000	Α	\$25.	.39	31	,286		D	
Common Stock				11/18/2020				M		15,000	A	\$21.	.27	46	5,286		D		
Common Stock 11/1					2020				S		300	D	\$70	70.54 45,		,986		D	
Common Stock 11/18/20					2020	20			S		7,246	D	\$70.13	326(1)	38	38,740		D	
Common Stock 11/18/202					2020	!0		S		2,602	D	\$69.5		36,138			D		
		•	Table I								sposed of, , converti				wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any		4. Transa Code (8)	action	5. Number of		6. Date Exer Expiration D (Month/Day/		cisable and	7. Title and Amo of Securities Underlying Derivative Secur (Instr. 3 and 4)		unt 8.	Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e C s F lly C	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exerc	cisable	Expiration Date	Title	Amou or Numb of Share	per					
Stock Option (right to buy)	\$25.39	11/18/2020			M			15,000		(2)	03/26/2025	Common Stock	n 15,0	00	\$0	0		D	
Stock Option (right to	\$21.27	11/18/2020			M			15,000		(2)	02/01/2026	Common	n 15,0	00	\$0	0		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 \$70.00 to \$70.53 per share. 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 transaction as set forth in footnote (1) to this Form 4.
- 2. The option is immediately exercisable.

Remarks:

The Power of Attorney given by Mr. Medici 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. Medici with respect to HealthEquity, Inc. and is hereby incorporated by reference.

/s/ Delano W. Ladd, attorney-in-fact

11/20/2020

** 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.