Instruction 1(b).

FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington,	D.C.	20549
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Check this box if no longer subject	STATEMENT OF CHANGES IN BENEFICIAL	<b>OWNERSHIP</b>
to Section 16. Form 4 or Form 5		
obligations may continue. See		

**OMB APPROVAL** 3235-0287 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

Name and Address of Reporting Person*     Rosner Elimelech					2. Issuer Name and Ticker or Trading Symbol HEALTHEQUITY, INC. [ HQY ]									Relationship of Reporting Person(s) to Issuer (Check all applicable)     Director						
(Last)	(Fir	,	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 03/27/2024									X Officer (give title Other (specify below)  EVP, CHIEF TECHNOLOGY OFFICER					
15 W. SCENIC POINTE DR., STE. 100				4. If Amendment, Date of Original Filed (Month/Day/Year)							Line)	· ·								
(Street)  DRAPEI	R UI	. 8	4020												X Form filed by One Reporting Person  Form filed by More than One Reporting  Person					
(City)	(Sta	ate) (Z	Zip)					. ,			tion Indi									
		Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.																		
		Table	I - No	n-Deriva	tive S	Secui	rities	Acq	uired,	Dis	posed of	, or E	Bene	ficiall	y Own	ed				
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da				Exec ny/Year) if any		Deemed ecution Date, ny onth/Day/Year)				es Acquired (A) Of (D) (Instr. 3,				ties cially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	(A) (D)	or F	Price	Report Transa (Instr. 3	ted action(s) 3 and 4)			(Instr. 4)	
Common Stock 03/27/				03/27/	2024		A		18,816(1)	) A \$0		\$ <mark>0</mark>	80,499			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	Date (Month/Day/Year)	Executi if any	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		Price of erivative ecurity estr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction( (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
								Date Exercis	able	Expiration Date	Title	Amor or Numl of Share	ber							

## **Explanation of Responses:**

1. Each restricted stock unit represents a contingent right to receive one share of the issuer's common stock. Shares vest as to 25% of the initial award on April 1, 2025. Shares shall vest as to 6.25% thereafter on the first day of each calendar quarter for the twelve calendar quarters following April 1, 2025.

## Remarks:

The Power of Attorney given by Mr. Rosner was previously filed with the U.S. Securities and Exchange Commission on July 7, 2023, as an exhibit to a statement on Form 4 filed by Mr. Rosner with respect to HealthEquity, Inc. and is hereby incorporated by reference.

/s/ Del Ladd, Attorney-in-Fact 03/29/2024

\*\* 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.