FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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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 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*     McCowan Debra Charlotte					2. Issuer Name and Ticker or Trading Symbol HEALTHEQUITY, INC. [ HQY ]										tionship of Reporti all applicable) Director		10% Ov		wner
(Last)	(Fir ALTHEQUI	,	Middl	e)	3. Date of Earliest Transaction (Month/Day/Year) 10/05/2021										Officer (give title below)			Other ( below)	specify
15 W. SCENIC POINTE DR., STE. 100				4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)  DRAPEI	ER UT 84020												X	-/					
(City)	(Sta	ate) (Z	Zip)																
		Table	1 - 1	Non-Deriva	tive	Secui	rities	Ac	quir	ed, Di	isposed o	f, or I	3enefic	ially	Own	ed			
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Ye			Executio		on Date,		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 ar			nd 5) Sed Ber Ow		Amount of curities eneficially when Following eported		wnership n: Direct or rect (I) tr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								d	Code	v .	Amount	(A) or (D)	Price		Transaction(s) (Instr. 3 and 4)		(50	11541. 4)	(
Common Stock 10/05/20			10/05/202	21			S		8,132	D	D \$65.9909 <sup>(1)</sup>		5,447			D			
		Tal	ble	II - Derivati (e.g., pu						,	posed of, convertil			•	wne	d			
1. Title of Derivative Security (Instr. 3)					Trans Code	action (Instr.	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expiration Date (Month/Day/Year)			Amo Secu Unde Deriv	Amount	Deri Sec (Ins		9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	,	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)
					Code	v	(A)	(D)	Dat Exe	e ercisable	Expiration Date	Title	Number of Shares						

## **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 \$65.9850 to \$66.00, 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) of this Form 4.

The power of Attorney given by Ms. McCowan was previously filed with the U.S. Securities & Exchange Commission on April 3, 2018 as an exhibit to a statement on Form 3 filed by Ms. McCowan with respect to HealthEquity, Inc. and is hereby incorporated by reference.

/s/ Delano W. Ladd, attorney-

10/06/2021

\*\* 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.