FORM 4

Section 16. Form 4 or Form 5 obligations may continue. See

Instruction 1(b).

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	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP
Occident 10.1 onn 4 or 1 onn 5	

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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* MOTT DARCY G					2. <u>H</u>	2. Issuer Name and Ticker or Trading Symbol <u>HEALTHEQUITY INC</u> [HQY]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
	t) (First) (Middle) HEALTHEQUITY, INC. W. SCENIC POINTE DR., STE. 100					Date		iest Tra	ansactio	n (Moi	nth/E	Day/Year)		X Officer (give title Other (specify below) Executive VP and CFO							
(Street) DRAPER UT 84020					4.	4. If Amendment, Date of Original Filed (Month/Day/Year)										Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(S		(Zip)					4: 4					-6		-6:-:-1						
1. Title of Security (Instr. 3)				2. Trans	2. Transaction		2A. Deemed Execution Date		3. Transaction Code (Instr.		tion	4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			(A) or	5. Amou Securitie Beneficia	nt of es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
									Co	ode	v	Amount		(A) or (D)	Price	Transact (Instr. 3	ion(s)			(Instr. 4)	
Common	Common Stock				03/20/2017							8,00	0	A	\$0.1	. 72,	,000		D		
Common	Stock			03/20/2017		7				1 ⁽¹⁾		6,00	0	A	\$0.1	. 78	,000		D		
Common	Common Stock				03/20/2017				S	(1)		10,000		D	\$45.9	2 68	,000		D		
			Table II -									osed of onvert				Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	ed Date,	4. Transaction Code (Instr 8)		5. Number of		6. Dat	6. Date Exercisa Expiration Date (Month/Day/Yea		able and 7. of Un De		7. Title and Amour of Securities Underlying Derivative Securit (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e es ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exerc	isable	Ex Da	piration ate	Title	O N	mount r umber f Shares						
Stock Option (right to buy)	\$0.1	03/20/2017			M ⁽¹⁾			8,000	(2	2)	06	5/20/2017	Comm		8,000	\$0	0		D		
Stock Option (right to buy)	\$0.1	03/20/2017			M ⁽¹⁾			6,000	(2	2)	05	5/22/2018	Comm	non k	6,000	\$0	14,00	0	D		
Stock Option (right to buy)	\$14								(2	2)	07	//30/2024	Comm		10,000		10,00	0	D		
Stock Option (right to buy)	\$1.25								(2	2)	08	3/08/2021	Comn		25,000		125,00	00	D		
Stock Option (right to	\$25.39								(3	3)	03	3/26/2025	Comm		25,000		25,00	0	D		

Explanation of Responses:

buy)

- 1. The option exercise and subsequent sale reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on July 15, 2015.
- 2. The option is immediately exercisable.
- 3. The option became exercisable as to 6,250 shares on March 26, 2016. The remaining shares become exercisable in three equal annual installments of 6,250 shares on March 26, 2017, 2018 and 2019.

/s/ Darcy G. Mott

03/22/2017

** 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.