FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OWB / W	I CO VI LE
OMB Number:	3235-0287
Estimated average	burden

5. Relationship of Reporting Person(s) to Issuer

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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

2. Issuer Name and Ticker or Trading Symbol

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									
hours per response:	0.5								

Name and Address of Reporting Person* LEAVITT MICHAEL O						2. Issuer Name and Ticker or Trading Symbol HEALTHEQUITY INC [HQY]								Relationship neck all appli X Directo	cable)	g Pers	son(s) to Iss 10% Ov		
(Last)	(F.	,	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 07/30/2014									Officer (give title below)		Other (s below)	specify	
15 W. SCENIC POINTE DR., STE. 100					4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) DRAPEI	R U	Г	84020											X Form f	iled by More		orting Perso I One Repo		
(City)	(S	tate)	(Zip)																
		Tab	le I - Non	-Deriv	ative	e Se	curities	s Ac	quired,	Dis	posed o	f, or Be	neficial	ly Owned	1				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da					Execution Date,		Code (I	Transaction Disposed Of (D) (Instr. 3, 4			ed (A) or etr. 3, 4 and	Benefici	es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
							Code	v	Amount	(A) oi (D)	Price	Transaci (Instr. 3	tion(s)			(Instr. 4)			
	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		3A. Deemed Execution E if any (Month/Day	Date, T	4. Transactior Code (Instr 8)		n of		6. Date Exercisable and Expiration Date (Month/Day/Year)		!	7. Title and Amor of Securities Underlying Derivative Secur (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisab		Expiration Date	Title	Amount or Number of Shares						
Stock Option (right to	\$14	07/30/2014			A		15,000		01/31/201	5 0	7/30/2024	Common Stock	15,000	\$0	15,000)	D		

Explanation of Responses:

Remarks:

/s/ Michael O. Leavitt

08/01/2014

** Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

^{*} 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).