## FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

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Estimated average	burden
hours per response	: 0.5

obligations may continue. See Instruction 1(b).				S
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## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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*	2. Issuer Name <b>and</b> Ticker or Trading Symbol HEALTHEQUITY, INC. [HQY]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Hostetter Adam J (Last) (First) (Middle) C/O HEALTHEQUITY, INC.	3. Date of Earliest Transaction (Month/Day/Year) 06/29/2020	Director 10% Owner Officer (give title Other (specify below) EVP Chief Marketing Officer					
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					
(Street) DRAPER UT 84020		Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City) (State) (Zip)							

	Table 1- Non-Derivative Decurries Acquirea, Disposed of, of Derendiary Owned										
1. Title	e of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed 3. Execution Date, if any (Month/Day/Year) 8)			4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			Disposed Of (D) (Instr. 3, 4 and 5) Beneficially Owned Following		
				Code	v	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)		(Instr. 4)
Com	mon Stock	06/29/2020		F		1,271	D	\$58.28	18,105	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	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code ( 8)		5. Number of		6. Date Exercisable and Expiration Date (Month/Day/Year)				8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

Explanation of Responses:

/s/ Adam Hostetter

06/29/2020

\*\* 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.