FORM 4

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

Washington, D.C. 20549

	OMB APP	ROVAL
OWNERSHIP	OMB Number:	3235-0287
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Check this box if no longer subje	:C
to Section 16. Form 4 or Form 5	
obligations may continue. See	
Instruction 1(b).	

## STATEMENT OF CHANGES IN BENEFICIAL

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*  Parker Stuart B.						2. Issuer Name <b>and</b> Ticker or Trading Symbol HEALTHEQUITY, INC. [ HQY ]									k all app Direc	ship of Reporting applicable) irector		10% O	
(Last) (First) (Middle) C/O HEALTHEQUITY, INC.					3. Date of Earliest Transaction (Month/Day/Year) 06/23/2022									Office below	r (give title		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	R UT	8	4020											X		filed by One filed by Mo		Ü	- 1
(City)	(Sta	ate) (Z	Zip)																
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3)  2. Transact Date (Month/Date)					Execution Date,			3. Transaction Code (Instr. 8)  4. Securities Acquired (ADISPOSED OF (D) (Instr. 35)			uired (A) Instr. 3,	4 and Securi Benefi		ies ially Following	Form:	nership : Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code V		Amount	(A) or (D)		ice	Transa	Transaction(s) (Instr. 3 and 4)			(111501.4)
Common Stock 06/23				06/23/	2022		A		2,996(1)	) A		\$ <mark>0</mark>	36,194			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) if any (Month/Day/		on Date,	Transaction Code (Instr. 8) Se Ac (A) Dis of (Instr. an)		5. Nu of Deriv Secu Acqu (A) or Dispo of (D) (Instr and 5	ative rities ired osed	6. Date Exerci Expiration Dat (Month/Day/You		te Amount of Securities Underlying Derivative Security (In: 3 and 4)  Expiration  Amount of Security (In: 3 and 4)		int of rities rlying ative rity (Inst 4) Amour or Numbe	unt per		9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y C	IO. Dwnership Form: Direct (D) Or Indirect I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		

## **Explanation of Responses:**

1. Each restricted stock unit represents a contingent right to receive one share of the issuer's common stock. The restricted stock units vest in full on the date of the issuer's next annual stockholder meeting, which is expected to be held in June of 2023. Vested shares will be delivered to the reporting person upon vesting.

## Remarks:

The power of Attorney given by Ms. McCowan was previously filed with the U.S. Securities and 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-06/27/2022 in-Fact

\*\* 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.