FORM 4

Check this box if no

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

longer subject to	STA
or Form 5	

## ATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

Section 16. Form 4 or Form 5 obligations may continue. See Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 Instruction 1(b).

1. Name and Address of Reporting Person*  MOTT DARCY G						2. Issuer Name and Ticker or Trading Symbol HEALTHEQUITY, INC. [ HQY ]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner					
(Last) (First) (Middle) C/O HEALTHEQUITY, INC.						3. Date of Earliest Transaction (Month/Day/Year) 09/20/2019											Officer (give title below)  Executive VP a		Other (s below) nd CFO	specify	
15 W. SCENIC POINTE DR., STE. 100					4. 11	f Am	endmen	t, Date	e of Origin	ıl File	ed (	Month/E	6. 1	6. Individual or Joint/Group Filing (Check Applicable							
(Street) DRAPER UT 84020					4. If Amendment, Date of Original Filed (Month/Day/Year)									- 1	Line)  X Form filed by One Reporting Person  Form filed by More than One Reporting Person						
(City) (State) (Zip)																					
		Tab	ole I - Nor	ı-Deriv	/ative	e Se	curiti	es A	cquire	, Di	sp	osed	of, o	r Ber	neficial	y Owne	d				
			Date	2. Transaction Date Month/Day/Yea		2A. Deer Execution if any (Month/I		Code	Transaction Code (Instr.				Acquire D) (Inst	d (A) or r. 3, 4 and	Benefi Owned	ties cially Following	Forn (D) c	wnership n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership		
								Code	v		Amoun	t	(A) or (D)	Price	Transa	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)		
Common Stock		09/2	0/201	0/2019			S <sup>(1)</sup>			4,00	00	D	\$61.6	1 4	46,000		D				
		-	Table II -						quired, ts, optic							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 I if any (Month/Day	Date,	4. Transactior Code (Instr. B)				6. Date Exercise Expiration Date (Month/Day/Yea			e and	7. Title and Amou of Securities Underlying Derivative Securi (Instr. 3 and 4)		ecurity	8. Price of Derivative Security (Instr. 5)		e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownershi (Instr. 4)	t I
					Code	v	(A)	(D)	Date Exercisal		Expiration Date		Title	l c	Amount or lumber of Shares						
Stock Option (right to buy)	\$41.28								(2)		03/2	27/2027	Comi		19,897		19,89	17	D		
Stock Option (right to buy)	\$25.39								(3)		03/2	26/2025	Com		25,000		25,00	0	D		
Stock Option (right to buy)	\$14								(3)		07/3	30/2024	Com		100,000		100,00	00	D		
Stock Option (right to buy)	\$61.72								(4)		03/2	27/2028	Com		14,228		14,22	8	D		
Stock Option (right to	\$73.61								(5)		03/2	26/2029	Com		15,337		15,33	7	D		

## **Explanation of Responses:**

- 1. The sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on June 8, 2018.
- 2. The option is exercisable as to 9,948 shares. The option vests as to 4,974 shares on March 27, 2020 and one installment of 4,975 shares on March 27, 2021.
- 3. The option is immediately exercisable.
- 4. The option is exercisable as to 3,557 shares. The remaining options vest in three equal installments of 3,557 shares on March 27, 2020, 2021, and 2022.
- 5. The option vests as to 3,835 shares on March 27, 2020. The remaining options vest as to 3,834 shares on each of March 27, 2021, 2022 and 2023.

09/23/2019 /s/ Darcy G. Mott

\*\* 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.