Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

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

Washington, D.C. 20549

;	STATEMENT OF CHANGES IN BENEFICIAL	. OWNERSHIP

**OMB APPROVAL** OMB Number: Estimated average burden hours per response: 0.5

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

Name and Address of Reporting Person*  Ladd Delano						2. Issuer Name and Ticker or Trading Symbol HEALTHEQUITY INC [ HQY ]								eck all appli	tionship of Reporting all applicable) Director Officer (give title		10% Ow	ner
(Last) (First) (Middle) C/O HEALTHEQUITY, INC.15 W. SCENIC POINT STE. 100					112	3. Date of Earliest Transaction (Month/Day/Year) 12/12/2017								helow)	Officer (give title below)  EVP, Counsel & Secretary			респу
(Street) DRAPER UT 84020					_	4. If Amendment, Date of Original Filed (Month/Day/Year)								. Individual or Joint/Group Filing (Check Applicable ine)  X Form filed by One Reporting Person  Form filed by More than One Reporting Person				
(City)	(S	•	(Zip)															
Table I - Non-Derive  1. Title of Security (Instr. 3)  2. Transact Date (Month/Day					action	ion 2A. Deemed Execution Date,		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) o Disposed Of (D) (Instr. 3, 4 a		(A) or	5. Amou Securiti Benefic Owned	int of es ially Following	Form (D) o	n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) or (D)	Price	Reporte Transac (Instr. 3	tion(s)			Instr. 4)
Common Stock 12/12/2					2/2017	017		M		12,655	A	\$24.36	5 16	,692		D		
Common Stock 12/12/2				2/2017				M		13,750	A	\$30.57	0.57 30,442			D		
Common Stock 12/12			2/2017	017			S <sup>(1)</sup>		26,405	D	\$43.321	11 4,	037		D			
			Table II								posed of, converti			Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deen Executio if any (Month/D	n Date,	4. Transa Code ( 8)				6. Date Exerci Expiration Da (Month/Day/Yo		ite	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	Owner Form: Direct or Indi (I) (Ins	Ownership	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amount or Number of Shares					
Stock Option (right to buy)	\$24.36	12/12/2017			M			12,655	(2)		03/23/2026	Common Stock	12,655	\$0	41,250	0	D	
Stock Option (right to	\$30.57	12/12/2017			M			13,750	(3)		08/24/2026	Common Stock	13,750	\$0	41,250	0	D	

buv)

- 1. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$43.05 to \$43.66, inclusive. The reporting person undertakes to provide to the issuer, any security holder of the issuer, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth in this footnote (1) to this Form 4.
- 2. The option becomes exercisable in three equal annual installments of 13,750 shares on April 1, 2018, 2019, and 2020.
- 3. The option becomes exercisable in three equal annual installments of 13,750 shares on August 24, 2018, 2019, and 2020.

12/14/2017 /s/ Delano W. Ladd

\*\* 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.