FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

	Washingto	on, D.C. 20549	
STATEMENT	OF CHANGES	IN BENEFICIA	AL OWNERSHIP

wasnington,	D.C. 20549	

OMB APPRO	JVAL
OMB Number:	3235-0287
Estimated average burd	len
hours per response:	0.5

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	Secti	on 30(h)	of the	Investr	ment C	Com	pany Act	of 1940				-			
1. Name and Address of Reporting Person* Dilsaver Evelyn S					2. Issuer Name and Ticker or Trading Symbol HEALTHEQUITY INC [HQY]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
DIISave	er Everym	<u>5</u>									-				X	Directo	or		10% Ov	vner
(Last)	`	*	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 02/01/2018								Officer below)	(give title		Other (s below)	specify			
C/O HE	ALTHEQUI	ITY, INC.				01/	010													
15 W. SCENIC POINTE DR., STE. 100				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)							
(Street) DRAPE	R U	Γ	84020								X	,								
(City)	(S	tate)	(Zip)																	
		Tab	le I - Noi						quire	d, D	isp					Owned	ł			
1. Title of Security (Instr. 3) 2. Transa Date (Month/D					Execution Date,			r, Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)			5. Amou Securition Benefici Owned I Reporte	es Forr ially (D) o Following (I) (II		m: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
							Cod	de V		Amount (A) o (D)		or Pr	ice	Transac	ansaction(s) nstr. 3 and 4)			()		
Common Stock 02/01/2			1/2018	В			A 1,637 ⁽¹⁾ A		\$0	5,	5,193		D							
		ד	able II -										, or Ber ble sec			Owned				
Derivative Conversion Date Execution Date, or Exercise (Month/Day/Year) if any			ransaction of ode (Instr. Derivative			6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amour of Securities Underlying Derivative Security (Instr. 3 and 4)		Derivative Security		9. Numbe derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e S Illy	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)				
					Code	v	(A)	(D)	Date Exercis	sable	Ex Da	piration te	Title	Amo or Num of Shar	ber					
Stock Option (right to buy)	\$21.27								(2))	02/	/01/2026	Common Stock	15,0	000		15,000	0	D	
Stock																				

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 as to 818 shares on the date of the issuer's annual stockholder meeting held in the current fiscal year; the remainder will vest on January 31, 2019. Vested shares will be delivered to the reporting person on February 1, 2024.

(2)

(2)

(3)

(4)

03/26/2025

07/30/2024

07/30/2024

02/01/2028

2. The option is immediately exercisable.

\$50.41

\$25.39

3. The option is exercisable as to 18,750 shares; the option becomes exercisable with respect to the remaining shares on June 30, 2018.

A

4. The option becomes exercisable as to 2,169 shares on the date of the issuer's annual stockholder meeting held in the current fiscal year; the remainder will become exercisable on January 31, 2019.

4,339

Remarks:

(right to

(right to

(right to

(right to

buy)

buy) Stock Option

buy) Stock Option

buy) Stock Option

The Power of Attorney given by Ms. Dilsaver was previously filed with the U.S. Securities & Exchange Commission on February 3, 2017 as an exhibit to a statement on Form 4 filed by Ms. Dilsaver with respect to HealthEquity, Inc. and is hereby incorporated by reference.

> /s/ DELANO W. LADD attorney-in-fact

15,000

7,500

25,000

4,339

\$0

Stock

Stock

Stock

Common

Stock

02/05/2018

15,000

7,500

25,000

4,339

D

D

D

D

Date

** Signature of Reporting Person

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).

02/01/2018

** 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.