## FORM 4

## 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

1. Name and Address of Reporting Person*  Medici Frank						2. Issuer Name and Ticker or Trading Symbol HEALTHEQUITY INC [ HQY ]									tionship o all applic Directo	,	g Pers	on(s) to Iss 10% Ov		
(Last) 600 BRI	-	irst) /ENUE, 39TH F	(Middle)			3. Date of Earliest Tra 07/10/2018				Earliest Transaction (Month/Day/Year)							Other (spelow)		pecify	
(Street) MIAMI —————————————————————————————————	F)		33131 (Zip)		4.	If Amer	ndme	nt, Date	of Origi	inal Fi	ed (Month/Da		6. Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person							
		Tak	ole I - I	Non-Deri	vativ	e Sec	curit	ties A	cquire	ed, D	isposed o	f, or B	eneficia	ally C	Owned					
1. Title of Security (Instr. 3)		2. Transac Date (Month/Da	tion 2A. E Exec y/Year) if any		A. Deemed xecution Date,		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or		(A) or 3, 4 and 5	Benefi Owned		es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
							Code	v	Amount	(A) or (D)	Price		Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)			
Common Stock			07/10/2018				М		15,596	A	\$14	14 2		5,341		D				
Common Stock		07/10/2018				S		15,596	D	\$80.147	475 <sup>(1)</sup> 1		0,745		D					
		-	Table								posed of, , converti				wned					
Security or Ex (Instr. 3) Price Deriv	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	emed ion Date, /Day/Year)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exe Expiration I (Month/Day		ate	7. Title and Am of Securities Underlying Derivative Secu (Instr. 3 and 4)		De Se	B. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e s Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exerc	isable	Expiration Date	Title	Amoun or Numbe of Shares	er						
Stock Option (right to buy)	\$14	07/10/2018			M			15,596	(2	2)	07/30/2024	Commo Stock	15,59	6	\$0	6,904		D		
6. 1																				7
Stock Option (right to buy)	\$25.39								(3	2)	03/26/2025	Commo Stock	15,00	0		15,000		D		

### **Explanation of Responses:**

- 1. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$80.05 to \$80.25, 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 to this Form 4.
- 2. The option is immediately exercisable.

#### Remarks:

The Power of Attorney given by Mr. Medici 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 Mr. Medici with respect to HealthEquity, Inc. and is hereby incorporated by reference.

/s/ Delano W. Ladd, attorney-07/12/2018 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.