FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Check this box if no longer subject to	STATEMEN
Section 16. Form 4 or Form 5	
obligations may continue. See	
Instruction 1(b).	Filed

NT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 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* Dreier Ashley (Last) (First) (Middle) C/O HEALTHEQUITY, INC.					2. Issuer Name and Ticker or Trading Symbol HEALTHEQUITY INC [HQY] 3. Date of Earliest Transaction (Month/Day/Year) 03/27/2017								Relationship on neck all applic Directo	able) r	g Pers	10% Ov	vner	
													helow)	Officer (give title below) Executive VP, CTC		Other (specify below) and CIO		
15 W. SCENIC POINTE DR., STE. 100					4 If Amandment Data of Original Filed (Manth/Data/Cara)													
(Street) DRAPER UT 84020					4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(S										1 (1301)							
		Та	ble I - Non-l	Derivat	tive S	ecuritie	s Ac	quired, I	Disp	osed c	of, or Be	neficial	ly Owned					
			. Transac Oate Month/Da		2A. Deemed Execution Date, if any (Month/Day/Year		Code (Instr.					Beneficia Owned F	s ally ollowing	Form	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership		
							Code	v	Amount	(A) (D)	Price	Reported Transacti (Instr. 3 a	ion(s)			(Instr. 4)		
Common Stock 03/2				03/27/2	7/2017			A		5,65	2 A	\$0	\$0 5,6		D			
			Table II - Do					uired, Di s, option					Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date if any (Month/Day/Yea	4. Tran	saction e (Instr.	5. Number of Derivative		6. Date Exercisab Expiration Date (Month/Day/Year)		ble and 7. Title and A of Securities		nd Amount ties ng e Security	8. Price of Derivative Security (Instr. 5)	derivative Securitie Beneficia Owned Following Reported	Ownersi S Form: Illy Direct (I or Indire G (I) (Instr.	Ownership	Beneficial Ownership ct (Instr. 4)	
				Code	e V	(A)	(D)	Date Exercisable		xpiration ate	Title	Amount or Number of Shares		Transaction (Instr. 4)	ion(s)	1(s)		
Stock Option (right to buy)	\$14	03/27/2017		A		2,000 ⁽¹⁾		(2)	07	7/30/2024	Common Stock	2,000	\$0	3,00	0	D		
Stock Option (right to buy)	\$1.5							(3)	05	5/09/2023	Common Stock	62,500		62,50	00	D		
Stock Option (right to buy)	\$1.5							(2)	05	5/09/2023	Common Stock	100,000		100,0	00	D		
Stock Option (right to	\$24.36							(4)	03	3/23/2026	Common Stock	65,000		65,00	00	D		

Explanation of Responses:

- 1. On June 30, 2014, the reporting person was granted an option to purchase 10,000 shares of common stock. The option vests in annual installments based on the issuer's satisfaction of certain performance criteria for each of the fiscal years ending January 31, 2016 (10%), 2017 (20%), 2018 (30%) and 2019 (40%). The performance criteria for 2017 were met, resulting in the vesting of the option as to 2,000 shares.
- 2. The option is immediately exercisable.
- 3. The option is immediately exercisable as to 37,500 shares. The option becomes exercisable as to the remaining 25,000 shares on May 9, 2017.
- 4. The option is immediately exercisable as to 16,250 shares. The option becomes exercisable as to the remaining 48,750 shares in three equal installments on March 23, 2018, 2019 and 2020.

The Power of Attorney given by Ms. Dreier was previously filed with the U.S. Securities & Exchange Commission on April 30, 2015 as an exhibit to a statement on Form 4 filed by Ms. Dreier with respect to HealthEquity, Inc. and is hereby incorporated by reference.

/s/ Willkie Farr & Gallagher LLP, attorney-in-fact

03/29/2017

** 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).
- ** 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.