FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washii

wasnington, D.C. 20549	OMB APPROVAL			
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-		

OMB Number:	3235-0287						
Estimated average burden							
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 Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person*					2. Issuer Name and Ticker or Trading Symbol										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
<u>Dilsaver Evelyn S</u>					HEALTHEQUITY INC [HQY]										Direc	,	10%	Owner		
(Last) (First) (Middle) C/O HEALTHEQUITY, INC.					3. Date of Earliest Transaction (Month/Day/Year) 08/05/2014											Office belov	er (give title v)	Othe below	(specify y)	
15 W. SCENIC POINTE DR., STE. 100					4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) DRAPEF (City)			34020 Zip)												X		filed by Mor	e Reporting Per re than One Re		
(- 9)	(e I - Non	-Deriva	ative	Sec	uritie	s Acc	quired,	Dis	posed o	f, or	Bene	eficia	ılly C	wne	ed			
1. Title of Security (Instr. 3) 2. Transa Date (Month/D				Day/Year) E		2A. Deemed Execution Date, if any (Month/Day/Year)		Code	Transaction Dispos Code (Instr. 5)		rities Acquired (A ed Of (D) (Instr. 3,			4 and S B		ount of ties cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
										v	Amount		(A) or (D)	Price	1	Reported Transaction(s) (Instr. 3 and 4)			(iiisti. 4)	
Common Stock 08/05.				/2014			P		8,000		A	\$14		8,000		D				
		Та	ıble II - D (e								sed of, onvertib				/ Ow	ned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year	3A. Deeme Execution if any (Month/Day	Date, Transac Code (Ir				ative rities ired osed	6. Date E Expiration (Month/E	n Dat	Amount of		str. 3	8. Price Derivati Security (Instr. 5		9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
				(Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	or Nun of							

Explanation of Responses:

Remarks:

/s/ Evelyn Dilsaver

08/06/2014

** 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.