FORM 4

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

Washington, D.C. 20549

<b>STATEMENT</b>	OF CHANGE	S IN BENEFI	CIAL O	WNERSHIP	)

gton, D.C. 20549	OMB APPROVA

OMB Number:	3235-0287
Estimated average bu	rden
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

1. Name and Address of Reporting Person*				2. Issuer Name <b>and</b> Ticker or Trading Symbol HEALTHEQUITY INC [ HQY ]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)								
Dilsave	<u>er Evelyn</u>	<u>S</u>			-	<u>EAL</u>	ΙП	<u> </u>	<u> 1 1 1</u>	<u> </u>	HQY ]						10% O\	wner	
(Last) (First) (Middle) C/O HEALTHEQUITY, INC.				3. Date of Earliest Transaction (Month/Day/Year) 07/05/2018								Officer below)	(give title		Other (s below)	specify			
		NTE DR., STE.	100			If Amai		nt Doto	of Orion	nal Fil	ad (Manth/Da	(\/o.o.r)		C India	ا بدادها مدا	laint/Craun	- Lilia a	(Chaol: Am	pliachla
			-   4.	If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)							
(Street) DRAPEI	R U	Т	84020									X Form filed by One Reporting Person  Form filed by More than One Reporting  Person							
(City)	(S	state)	(Zip)																
		Tak	ole I - I	Non-Deri	ivativ	e Sec	curit	ties A	cquire	d, D	isposed o	f, or Be	enefic	ially	Owned				
1. Title of	Security (Ins	tr. 3)		2. Transac Date (Month/Da		Execution Date,					s Acquired (A) or of (D) (Instr. 3, 4 and		Beneficially Owned Following		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		Reporte Transac (Instr. 3	tion(s)			(Instr. 4)
Common Stock 07/05/2			2018				M		15,000	A	\$25.	.39	28,193			D			
Common Stock 07/05/20			2018	s s 15,000 D \$77.4624 <sup>(1)</sup> 13,193		,193		D											
			Table								posed of, converti				wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	emed ion Date, //Day/Year)	4. Transa Code ( 8)		of Deri Sec Acq (A) o Disp of (I	umber ivative urities uired or oosed D) (Instr. and 5)	Expira	e Exerc ation D h/Day/		7. Title and Amour of Securities Underlying Derivative Security (Instr. 3 and 4)		D S	Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exerc	isable	Expiration Date	Title	Amou or Numb of Share	er					
Stock Option (right to buy)	\$21.27								(2	2)	02/01/2026	Commor Stock	15,0	00		15,000		D	
Stock Option (right to buy)	\$25.39	07/05/2018			M			15,000	(2	2)	03/26/2025	Commor Stock	15,0	00	\$0	0		D	
Stock Option (right to buy)	\$14								(2	2)	07/30/2024	Commor Stock	7,50	00		7,500		D	
Stock Option (right to buy)	\$14								(3	2)	07/30/2024	Commor Stock	25,0	00		25,000		D	
Stock Option (right to buy)	\$50.41								(:	3)	02/01/2028	Commor Stock	4,33	19		4,339		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 \$77.35 to \$77.54, 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 is immediately exercisable
- 3. The option is immediately exercisable as to 2,169 shares. The remaining shares will become exercisable on January 31,2019.

## Remarks:

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

\*\* Signature of Reporting Person

07/06/2018

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 colle	ection of information contained in thi	is form are not required to resp	ond unless the form displays a cu	rrently valid OMB Number.