FORM 4

obligations may continue. See

Instruction 1(b)

Check this box if no longer subject to Section 16. Form 4 or Form 5

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* MOTT DARCY G						2. Issuer Name and Ticker or Trading Symbol HEALTHEQUITY INC [HQY]									tionship of Reporting F all applicable) Director		g Perso	Person(s) to Issuer 10% Owner Other (specify	
(Last) (First) (Middle) C/O HEALTHEQUITY, INC.						3. Date of Earliest Transaction (Month/Day/Year) 02/20/2019								X	below)				specify
15 W. SCENIC POINTE DR., STE. 100 (Street) DRAPER UT 84020				4. 11	4. If Amendment, Date of Original Filed (Month/Day/Year)									ridual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City) (State) (Zip)																			
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/N				tion	on 2A. De Execu Year) if any		eemed ution Date,		3. 4. Securi		es Acquired (A) or Of (D) (Instr. 3, 4 and			5. Amo Securit Benefic Owned	unt of ies ially Following	Form:	Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership	
								Code	v	Amount	(A) or (D)	Price		Reporte Transac (Instr. 3	ction(s)			(Instr. 4)	
Common Stock 02/20/20					.019	19			S ⁽¹⁾		4,000	D	\$77.86	7.8696 ⁽²⁾		4,000		D	
		1	able I								sposed 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 tion Date, n/Day/Year)	4. Transa Code (8)				6. Date Exercisal Expiration Date (Month/Day/Year		ate	and 7. Title an of Securit Underlyin Derivative (Instr. 3 an		ng Se e Security (In		9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	y C D O (I	.0. Ownership Form: Direct (D) or Indirect I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amour or Number of Shares	er					
Stock Option (right to buy)	\$14								(3)	١	07/30/2024	Commor Stock	60,00	0		60,000		D	
Stock Option (right to buy)	\$41.28								(4))	03/27/2027	Commor Stock	19,89	7		19,897		D	
Stock Option (right to buy)	\$25.39								(5)	١	03/26/2025	Commor Stock	25,00	0		25,000		D	
Stock Option (right to	\$61.72								(6)		03/27/2028	Commor Stock	14,22	8		14,228		D	

Explanation of Responses:

buy)

- 1. The sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on June 8, 2018.
- 2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$77.37 to \$78.29, 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 footnote (2) of this Form 4.
- 3. The option is immediately exercisable.
- 4. The option is exercisable as to 4,974 shares. The remaining shares become exercisable in two annual installments of 4,974 shares on March 27, 2019, and 2020 and in one installment of 4,975 shares on March 27, 2021.
- 5. The option is exercisable as to 18,750 shares. The remaining shares become exercisable on March 26, 2019
- 6. The option becomes exercisable in four equal installments of 3,557 shares on March 27, 2019, 2020, 2021, and 2022.

02/20/2019 /s/ Darcy G. Mott

** 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.