FORM 5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549	
		_00.0	

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPRO	DVAL						
OMB Number:	3235-0362						
Estimated average burden							
hours per response:	1.0						

Instruction 1(b)

Form 3	Holdings Repo	rted.												Liloui	o per i	сэропэс.	1.0	
Form 4	Transactions R	eported.	File	ed pursuant to or Sectior					ities Excha ompany Ac									
Name and Address of Reporting Person* Sacks Ian				2. Issuer Name and Ticker or Trading Symbol HEALTHEQUITY INC [HQY]							Check all		licable)	ing Pe	erson(s) to 10%	Issuer Owner		
	(Fir	ΓY, INC.	Middle)		3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 01/31/2015								Office elow	er (give title V)	Othe below	r (specify w)		
15 W. SC	ENIC POIN	NTE DR., STE. 1	.00	4. If Amen	4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Individual or Joint/Group Filing (Check Applicable Line)							
(Street) DRAPER	UT	. 8	4020									X Form filed by One Reporting Person Form filed by More than One Report Person						
(City)	(Sta	ate) (ž	Zip)															
		Table	e I - Non-Deriv	ative Sec	uritie	s Ac	quire	d, Di	sposed (of, or	Benefici	ally Ov	vne	d				
[2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr.		4. Securities Acquired (A) or Dispos Of (D) (Instr. 3, 4 and 5)			or Disposed	Securit Benefic		ies C cially F		ership n: Direct	7. Nature of Indirect Beneficial Ownership		
				(World #Day/ Teal		ar) 6)		Amount		(A) or (D)	Price	Issu	Issuer's Fiscal Year (Instr. 3 and		(D) or Indirect (I) (Instr. 4)		(Instr. 4)	
Common	Stock	12/26/2014		G		}	75	75,000 D		\$0		423,417			D			
		Ta	ble II - Derivat (e.g., pı	ive Securi uts, calls,								y Own	ed					
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/Year)	4. Transaction Code (Instr. 8)	5. Numof Deriv Securi Acqui (A) or Dispo of (D) (Instrand 5	ative rities ired osed	Expir. (Mont	ate Exercisable and iration Date nth/Day/Year)		Amount of Securities Underlying Derivative Security (Instrand 4) Amount of Market Security (Instrand 4)		8. Price Derivati Security (Instr. 5	ve /)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)	

Explanation of Responses:

Remarks:

/s/ Ian Sacks

02/18/2015

** 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.