FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Machinatan	D C	20540	
Nashington,	D.C.	20049	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
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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*  Rosner Elimelech					2. Issuer Name <b>and</b> Ticker or Trading Symbol HEALTHEQUITY, INC. [ HQY ]									Check	all app Direc	•	ng Per	rson(s) to Is 10% O Other (	)wner	
(Last) (First) (Middle) C/O HEALTHEQUITY, INC. 15 W. SCENIC POINTE DR., STE. 100					3. Date of Earliest Transaction (Month/Day/Year) 04/04/2023									X below) below)  EVP, CHIEF TECHNOLOGY OFFICE						
(Street) DRAPER UT 84020						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Indivine) X	-/					
(City)	(Sta	ate) (Z	Zip)																	
		Table	I - No	on-Deriva	tive S	Secur	rities	Acc	quired	d, Dis	sposed of	, or E	Benefic	ially	Own	ed				
1. Title of Security (Instr. 3)  2. Transactio Date (Month/Day/N					Execution Date,		,	3. Transaction Code (Instr. 8)  4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4)				and 5) Secu		cially I Following	Forn (D) o	wnership n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									Code	v	Amount	(A) or (D)	Price		Transa	action(s) . 3 and 4)			(111341. 4)	
Common Stock 04/04/20					023			F		4,715	D	D \$55.9		3 80,490			D			
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of Derivative Security (Instr. 3)	ive Conversion Date Execution Date, or Exercise (Month/Day/Year) if any				saction of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		nt			Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)				
					Code	v	(A)	(D)	Date Exerc	isable	Expiration Date	Title	of Shares							

**Explanation of Responses:** 

/s/ Eli Rosner

04/05/2023

\*\* 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.