SEC Form 4	
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## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1(b).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									
hours per response:	0.5								

1. Name and Address of Reporting Person <sup>*</sup> Rana Manu S					2. Issuer Name <b>and</b> Ticker or Trading Symbol <u>HEALTHEQUITY INC</u> [ HQY ]									(Che	elationship eck all appli	cable)	oorting Person(s) to Issuer 10% Owner			
(Last) 280 PAR	```	irst) E, 3RD FLOOR	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 05/01/2016										-	r (give title		Other ( below)		
(Street) NEW Y( (City)			10017 (Zip)		- 4. 11	4. If Amendment, Date of Original Filed (Month/Day/Year)								Line	) X Form	or Joint/Group Filing (Check Applicable rm filed by One Reporting Person rm filed by More than One Reporting rson				
			le I - No						-	Dis	-	-			y Owned					
			Date	. Transaction ate Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)					s ally ollowing	Form	Direct II Indirect E str. 4) C	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) (D)	or P	rice	Transact	nsaction(s) str. 3 and 4)		U U	(Instr. 4)	
Common	mmon Stock							1,17	6,468		1 1	See ootnote <sup>(1)</sup>								
		Т	able II -								osed of				Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/D	Date, Trans Code		ansaction ode (Instr.		of E		6. Date Exercisable an Expiration Date (Month/Day/Year)			nd Am ities ng ve Secu and 4)		8. Price of Derivative Security (Instr. 5)		ve es ially ng d tion(s)	10. Ownershij Form: Direct (D) or Indirect (I) (Instr. 4	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)		Date Exercisab		Expiration Date	Title	or	ount nber res						
Restricted Stock Unit	(2)	05/01/2016			Α		795		(3)	Τ	(3)	Common	<sup>1</sup> 7	95	\$0	795		D		

(4)

(4)

(4)

01/31/2015

(4)

Explanation of Responses: 1. All securities are held of record by Financial Partners Fund I, L.P. ("FPF I"), a Delaware limited partnership. The reporting person is a managing principal of FPF I. The reporting person disclaims beneficial

Stock Option

buy) Stock Option

(right to

(right to buy)

Stock Option

(right to buy)

Stock Option

buy) Stock Option

(right to

(right to

buy)

\$1.25

\$1.25

\$<mark>1.5</mark>

\$14

\$25.39

ownership of the securities held by FPF I except to the extent of his pecuniary interest therein.

2. Each restricted stock unit represents a contingent right to receive one share of the issuer's common stock.

3. The restricted stock units vest as to 397 shares on August 1, 2016 and as to 398 shares on November 1, 2016. Vested shares will be delivered to the reporting person upon the earlier of a change of control of the issuer (as defined in the issuer's 2014 equity incentive plan), or the reporting person's death.

4. The option is immediately exercisable.

## <u>/s/ Manu S. Rana</u>

Commor

Stock

Common

Stock

Commor

Stock

Common

Stock

Common

Stock

7,500

15,000

15,000

15,000

15,000

10/25/2021

04/26/2022

05/09/2023

07/30/2024

03/26/2025

\*\* Signature of Reporting Person

05/03/2016

Date

7,500

15,000

15,000

15,000

15,000

D

D

D

D

D

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

 $^{\ast}$  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.