FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549	

STATEMENT	OF	CHANGES	IN BEI	NEFICIAL	OWNERS	SHIP

OMB APPROVAL							
OMB Number: 3235-0287							
Estimated average burden							
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

Name and Address of Reporting Person*     Rosner Elimelech				2. Issuer Name <b>and</b> Ticker or Trading Symbol HEALTHEQUITY, INC. [HQY]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  Officer (give title Other (specify					vner			
(Last)	(Fir	,	Middle)	)		3. Date of Earliest Transaction (Month/Day/Year) 10/04/2023					X EVI	belov		NOL	below)	`			
15 W. SCENIC POINTE DR., STE. 100					4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person							
(Street)  DRAPEI	R UT	. 8	4020											X		filed by Mo		•	
(City)	(Sta	ate) (Z	Zip)		<b> </b>	Rule 10b5-1(c) Transaction Indication  Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.										nded to			
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/				Execution Date,		·			Acquired (A) or (D) (Instr. 3, 4 and		Beneficiall		ties cially I Following	Forn (D) c	orm: Direct ) or Indirect (Instr. 4)	7. Nature of Indirect Beneficial Ownership			
								Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		ction(s)			(Instr. 4)	
Common Stock 10/04			10/04/20	)23	23 F 1,701 D \$72.0				\$72.0	2.0622 64,915 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)	Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any			5. Number 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 (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)			y	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)				
					Code	v	(A)	(D)	Date Exerc	isable	Expiration Date	Title	Amount or Number of Shares						

## **Explanation of Responses:**

The Power of Attorney given by Mr. Rosner was previously filed with the U.S. Securities and Exchange Commission on July 7, 2023, as an exhibit to a statement on Form 4 filed by Mr. Rosner with respect to HealthEquity, Inc. and is hereby incorporated by reference.

/s/ Del Ladd, Attorney-in-Fact 10/06/2023

\*\* 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.