FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington,	DC	20549
vvasiliigton,	D.C.	20040

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number:	3235-0287							
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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	Secti	on 30(h	) of th	e Investmer	t Co	mpany Act	t of 1940									
Name and Address of Reporting Person* Dilsaver Evelyn S						2. Issuer Name <b>and</b> Ticker or Trading Symbol HEALTHEQUITY, INC. [HQY]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Disaver Everyir 5														C Director			10% O	- 1			
(Last)	(Fi	,	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 06/23/2022									1	Officer (give title Other (specif below) below)							
			100																		
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)						
(Street)		_	0.4000											2	Form f	iled by One	Repo	orting Perso	on		
DRAPE	R U'	I'	84020		_										Form filed by More than One Reporting Person						
(City)	(S	tate)	(Zip)																		
		Tab	le I - Noi	n-Deri	vative	Se	curiti	es A	cquired,	Dis	posed (	of, or I	Ben	eficial	y Owne	t					
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)		ar)   i	2A. Deemed Execution Date, if any (Month/Day/Year		Code (Instr.				(A) or 3, 4 and	5. Amou Securitie Benefici Owned	es ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	n: Direct or Indirect	7. Nature of Indirect Beneficial Ownership					
									Code	v	Amount	(A (D	) or )	Price	Reporte Transac (Instr. 3	tion(s)			(Instr. 4)		
Common Stock				06/2	3/2022	2			A		2,996	5 <sup>(1)</sup> A \$0		\$0	28	28,959		D			
		Т							quired, D			•		•	Owned		,				
1. Title of	2.	3. Transaction	3A. Deeme		4.	Can			1					<u> </u>	8. Price of	9. Number		10.	11. Nature		
Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative Security	Date (Month/Day/Year)	Execution if any (Month/Da	Date,	Transa	insaction of de (Instr. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			Date		e and 7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)			Derivative Security (Instr. 5)	derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ily	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect Beneficial Ownership (Instr. 4)			
										П				mount							
					Code	v	(A)	(D)	Date Exercisabl		xpiration ate	Title	0	umber							
Stock Option (right to buy)	\$14								(2)	0	7/30/2024	Commo	n	7,500		7,500	1	D			
Stock Option (right to buy)	\$14								(2)	0	7/30/2024	Commo Stock	<sup>n</sup> 2	5,000		25,000	)	D			
Stock Option (right to buy)	\$21.27								(2)	0	2/01/2026	Commo Stock	<sup>n</sup> 1	5,000		15,000	)	D			
Stock Option (right to buy)	\$50.41								(2)	0	2/01/2028	Commo Stock		1,339		4,339		D			
Stock Option (right to	\$66.06								(2)	0	2/01/2030	Commo	n 2	4,012		4,012		D			

## Explanation of Responses:

1. Each restricted stock unit represents a contingent right to receive one share of the issuer's common stock. The restricted stock units vest in full on the date of the issuer's next annual stockholder meeting, which is expected to be held in June of 2023. Vested shares will be delivered to the reporting person upon vesting.

2. The option is immediately exercisable.

## Remarks:

The power of Attorney given by Ms. McCowan was previously filed with the U.S. Securities and Exchange Commission on April 3, 2018 as an exhibit to a statement on Form 3 filed by Ms. McCowan with respect to HealthEquity, Inc. and is hereby incorporated by reference.

/s/ Delano W. Ladd, Attorney-

06/27/2022

in-Fact

\*\* Signature of Reporting Person

Date

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

- $^{\star}$  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.