FORM 4

Check this box if no longer subject

to Section 16. Form 4 or Form 5 obligations may continue. See

Instruction 1(b).

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Vashington,	D.C.	20549	
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## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

3235-0287 Estimated average burden hours per response: 0.5

OMB APPROVAL

Filed pursuant to Section 16(a) of the Securities Exchange Act of 193
or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person*     Ladd Delano						2. Issuer Name <b>and</b> Ticker or Trading Symbol <u>HEALTHEQUITY, INC.</u> [ HQY ]									all app Direc	o of Reportir dicable) tor er (give title	ng Pe	erson(s) to Is 10% O Other (	wner
(Last) (First) (Middle) C/O HEALTHEQUITY, INC.15 W. SCENIC POINT				3. Date of Earliest Transaction (Month/Day/Year) 03/30/2021									X	belov		el &	below)		
STE. 100						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable					
(Street)  DRAPEI	R UI	Г 8	4020												X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(St	ate) (Z	Zip)																
		Table	I - N	on-Deriva	tive	Secu	rities	Ac	quire	d, Di	sposed of	, or B	enefi	cially	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) of Disposed Of (D) (Instr. 3, 4 of Disposed Of (D) (Instr. 3)							ties cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	m: Direct or Indirect	7. Nature of Indirect Beneficial Ownership		
						Code	v	Amount	(A) or (D)	Price		Transaction(s) (Instr. 3 and 4)				(Instr. 4)			
Common Stock 03/30/202				21		A		5,473(1)	A	4	80	34,333			D				
Common	Stock			03/30/20	21				A		4,113(2)	A	4	\$0 38,446 D				D	
Common	Stock			03/31/20	21				F		740	D	\$67.	7.5022 37,706 <sup>(3)</sup>				D	
		Tal	ble II								oosed of, convertib				Owne	d			
1. Title of Derivative Security (Instr. 3)  2. Conversion or Exercise Price of Derivative Security  2. Conversion Date (Month/Day/Year)  3. Transaction Date (Execution Date, if any (Month/Day/Year)				ution Date, /	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		Der Sed (Ins	Price of vivative curity str. 5)		Ownershi Form: y Direct (D) or Indirec (I) (Instr. 4	Ownership	11. Nature of Indirect Beneficial Ownershi (Instr. 4)
				Code	v	(A)	(D)	Date Exerc	cisable	Expiration Date	Title	Amour or Number of Shares	er						

## **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 will vest as to 1,369 shares on March 30, 2022. The remaining restricted stock units vest in three equal installments of 1,368 shares annually on March 30, 2023, 2024 and 2025.
- 2. Each restricted stock unit represents a contingent right to receive one share of the issuer's common stock. The restricted stock units vested as to 4,113 shares on March 30, 2021.
- 3. The shares reported on this Form 4 are subject to a lock-up agreement between the reporting person and BofA Securities, Inc. dated February 16, 2021 (the "Lock-up Date") pursuant to which the remaining shares reported in Table I of this Form 4 cannot be sold for 45 days following the Lock-up Date.

04/01/2021 /s/ Delano W. Ladd

\*\* 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.