FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

STATEMENT.	OE CHANG	ES IN RENI	FEICIAL OV	WNEDSP

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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*  Sacks Ian																(Check all a		rector		10% Owner	
(Last) (First) (Middle) C/O HEALTHEQUITY, INC.					3. Date of Earliest Transaction (Month/Day/Year) 02/01/2018											Office elow	r (give title )		Other (s below)	specify	
15 W. SCENIC POINTE DR., STE. 100				4. 11	If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) DRAPEI	R U'	г	84020										Х F	Form filed by One Reporting Person Form filed by More than One Reporting Person							
(City)	(Si	tate)	(Zip)																		
		Tab	le I - Nor	n-Deriv	vative	Se	curiti	es A	cqu	iired, I	Disp	osed o	of, oı	Ber	neficia	ly Ov	vne	d			
Date			Date	nsaction h/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Yea			Code (Ins			urities Acquired (A) eed Of (D) (Instr. 3,			d Se Be Ov	5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
									Ì	Code	v	Amount	(A) or (D)		Price	Report Transa (Instr. 3		tion(s)			(Instr. 4)
Common Stock 02/01					1/2018	/2018				A		3,273	3,273(1)		\$0	) 14		8,171		D	
Common	Stock			02/0	1/2018	/2018				A		8930	2)	A	\$0		149,064		D		
		Т	able II -									sed of onverti				Owr	ned				
1. Title of Derivative Security (Instr. 3)	tle of 2. 3. Transaction 3A. Deemed Execution Date, urity or Exercise (Month/Day/Year) if any		4. Transa Code ( 8)		of Ex		Exp	6. Date Exercisa Expiration Date (Month/Day/Yea			and 7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)		s Security	8. Pric Deriva Secur (Instr.	ative ity	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	Ownershi Form: Direct (D) or Indirect (I) (Instr. 4		11. Nature of Indirect Beneficial Ownership (Instr. 4)		
		Date Expiration		Amount or Number of Shares																	
Stock Option (right to buy)	\$21.27									(3)	02	/01/2026	Comi		15,000			15,000	0	D	
Stock Option (right to buy)	\$14									(3)	07	//30/2024	Comi		15,000			15,000	)	D	
Stock Option (right to	\$25.39									(3)	03	/26/2025	Comi		15,000			15,000	)	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 as to 1,636 shares on the date of the issuer's annual stockholder meeting held in the current fiscal year; the remainder will vest on January 31, 2019. Vested shares will be delivered to the reporting person on February 1, 2019.
- 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 223 shares on February 1, 2018. The remaining restricted stock units vest as to 223 shares on May 1, 2018 and August 1, 2018, and as to 224 shares on November 1, 2018. Vested shares will be delivered to the reporting person on February 1, 2019.
- 3. The option is immediately exercisable.

The Power of Attorney given by Mr. Sacks was previously filed with the U.S. Securities & Exchange Commission on February 3, 2017 as an exhibit to a statement on Form 4 filed by Mr. Sacks with respect to HealthEquity, Inc. and is hereby incorporated by reference.

> /s/ Delano W. Ladd, attorneyin-fact

02/05/2018

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

\*\* Signature of Reporting Person

Date

\* 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.