FORM 4

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

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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

Name and Address of Reporting Person*     Corvino Frank							2. Issuer Name and Ticker or Trading Symbol HEALTHEQUITY, INC. [ HQY ]								tionship all appli Directo	,		son(s) to Iss 10% Ov	
(Last) (First) (Middle)						Date of /22/20		est Trai	nsaction	า (Mor	nth/Day/Year)			Officer (give title below)			Other (: below)	specify	
	ALTHEQUI	4. 1	f Amer	ndmer	nt, Date	of Orig	jinal F	iled (Month/D	ay/Year)		6. Individual or Joint/Group Filing (Check Applicable								
15 W. SO										Line)  X Form filed by One Reporting Person									
(Street)						Form filed by More than One Reporting Person													
DRAPER UT 84020					-														
(City)	(City) (State) (Zip)					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.													
		Tab	le I - I	Non-Deri	vative	Sec	uriti	ies A	cquire	ed, D	isposed o	of, or B	eneficia	ılly (	Owned	i			
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Y						Execution Date,			3. Transa Code ( 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an			Benefi Owned		ties Fo cially (D Following (I)		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership
									Code	v	Amount	(A) or (D)	Price			orted saction(s) r. 3 and 4)			(Instr. 4)
Common	Stock			09/22/2	023	:3			M		3,608	Α	\$14		12,356			D	
Common Stock 09/22/202						23			S	s 3,6		D	\$72.292(1)		8,748		D		
Common Stock 09/22/202						23			S		1,455	D	\$72.229	.2293 <sup>(2)</sup>		7,293		D	
		Т	able								sposed of				wned		,		
1. Title of Derivative Security (Instr. 3)	Title of 2. 3. Transaction Date Execution Date, or Exercise (Month/Day/Year)		eemed tion Date,	4. Transaction Code (Instr. 8)		5. Number of		6. Date Exer Expiration D (Month/Day/		cisable and	7. Title and Amount of Securities Underlying Derivative Securit (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. 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						
Stock Option (right to buy)	\$21.27								(3	3)	02/01/2026	Commo Stock	<sup>n</sup> 6,482			6,482		D	
Stock Option (right to buy)	\$14	09/22/2023			M			3,608	(3	3)	07/30/2024	Commo: Stock	a,608		\$0	0		D	

## **Explanation of Responses:**

- 1. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$72.27 to \$72.37, inclusive. The reporting person undertakes to provide to the issuer, any security holder of the issuer, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the ranges set forth in footnotes (1) and (2) of this Form 4.
- 2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$72.21 to \$72.25 inclusive.
- 3. The option is immediately exercisable.

## Remarks:

The Power of Attorney given by Mr. Corvino was previously filed with the U.S. Securities and Exchange Commission on June 26, 2023, as an exhibit to a statement on Form 4 filed by Mr. Corvino with respect to HealthEquity, Inc. and is hereby incorporated by reference.

/s/ Del Ladd, Attorney-in-Fact 09/26/2023

\*\* 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.