FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

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

1. Name and Address of Reporting Person* Rosner Elimelech					2. Issuer Name and Ticker or Trading Symbol HEALTHEQUITY, INC. [HQY]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner						
(Last)	(Fir	,	Middl	e)	3. Date of Earliest Transaction (Month/Day/Year) 12/11/2023							X EVF	below	Officer (give title pelow) CHIEF TECHN		Other (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)						
(Street) DRAPER UT 84020														X Form filed by One Reporting Person Form filed by More than One Reporting Person					- 1
(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.													
		Table	1 - 1	Non-Deriva	tive \$	Secui	rities	Ac	quir	ed, Di	sposed o	of, or l	Benefici	ally	Own	ed			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye			Execution		n Date, Ti		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 ar			nd 5) Sec Ber Ow		curities F neficially (I ned Following II		wnership m: Direct or rect (I) tr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
						c		Code	v /	Amount	(A) or (D)	Price		Transaction(s) (Instr. 3 and 4)		(1113	u. 4)	(111511. 4)	
Common Stock 12/11/202			12/11/202	.3				S		2,017	D	\$70.086	3 ⁽¹⁾	62,898			D		
		Tal	ble	II - Derivati (e.g., pu							posed of converti				wne	d			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Exe if a	Deemed cution Date, ny inth/Day/Year)	4. Transaction Code (Instr. 8) Securitie Acquired (A) or Dispose of (D) (Instr. 3, and 5)		ative rities ired osed . 3, 4	Expiration Date (Month/Day/Year) est d			Amo Secu Unde Deriv Secu 3 and	Amount of Securities		8. Price of Derivative Security (Instr. 5) Benefic Owned Followin Reporte Transac (Instr. 4		,	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	

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 \$70.0600 to \$70.1550 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 range set forth in footnote (1) of this Form 4.

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 12/13/2023

** 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.