FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D	.C. 20549
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Check this box if no longer subject to	•
Section 16. Form 4 or Form 5	
obligations may continue. See	
Imako nation 4/h	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response:

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* <u>Trittschuh Larry L</u>					2. Issuer Name and Ticker or Trading Symbol HEALTHEQUITY, INC. [HQY]									(Che	Relationship of Reporting Person(s) to Issuer (Check all applicable) Director					
(Last)	,	(First) (Middle) LTHEQUITY, INC.				3. Date of Earliest Transaction (Month/Day/Year) 03/29/2023									X Officer (give title Other (specify below) EVP CHIEF SECURITY OFFICER					
15 W. SCENIC POINTE DR., STE. 100					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)	R U	Γ	84020			X Form filed by One Reporting Person Form filed by More than One Report Person														
(City) (State) (Zip)					Ru	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.															
		Ta	ble I - No	n-Deriv	ative	Sec	uriti	es Ac	quired	Dis	posed o	of, or B	ene	ficial	y Owned	k				
1. Title of Security (Instr. 3) 2. Transa Date (Month/L					er) Ex	2A. Deemed Execution Date, if any (Month/Day/Year		r, Transaction Dis Code (Instr. 5)		Disposed	urities Acquired (A) sed Of (D) (Instr. 3, 4			5. Amou Securitie Benefici Owned I Reporte	es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								Code	v	Amount	ınt (A) or		Price	Transac (Instr. 3	tion(s)			(111341. 4)		
Common Stock			03/29	9/2023				A		15,006	i(1) A \$0		\$ <mark>0</mark>	42,097		D				
Common Stock				03/29	9/2023				A		9,442(2)		1	\$ <mark>0</mark>	51,539			D		
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Executio if any (Month/D	n Date,	4. Transaction Code (Instr 8)				6. Date Expiration (Month/D	Date		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	S C F D D O (I	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisal		xpiration ate	Title	or Nu of	ımber						
Stock Option (Right to	\$59.63								(3)	1	2/17/2028	Common Stock	6	,419		6,419		D		

Explanation of Responses:

- 1. Each restricted stock unit represents a contingent right to receive one share of the issuer's common stock. Shares vest as to 25% of the initial award on April 1, 2024. Shares shall vest as to 6.25% thereafter on the first day of each calendar quarter for the twelve calendar quarters following April 1, 2024.
- 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 9,442 shares on March 29, 2023.
- 3. The option is immediately exercisable.

/s/ Larry Trittschuh

03/30/2023

** 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.