# FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1(h)

# STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

OMB Number: 3235-0287
Estimated average burden
hours per response: 0.5

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*     Kessler Jon						2. Issuer Name and Ticker or Trading Symbol HEALTHEQUITY INC [ HQY ]									tionship of all applic Directo	,			
(Last) 15 W. SC	(Last) (First) (Middle) 15 W. SCENIC POINTE DR., STE. 100					3. Date of Earliest Transaction (Month/Day/Year) 12/01/2015									Officer (give title below)  Other (specify below)  President and CEO				pecify
(Street)  DRAPER  (City)	DRAPER UT 84020				4.	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Indiv Line) X	ridual or Joint/Group Filing (Check Applicable  Form filed by One Reporting Person  Form filed by More than One Reporting  Person				ı
		Tab	le I - N	Non-Deri	ivativ	e Sec	urit	ies A	cquire	ed, D	isposed o	f, or B	enefic	ially	Owned				
Da				2. Transac Date (Month/Da		Exec if any	A. Deemed Execution Date, f any Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an			5)		es ally Following	Form (D) o	n: Direct or Indirect E estr. 4)	7. Nature of Indirect Beneficial Ownership
								Code	v	Amount	(A) or (D)	Price			ed ction(s) and 4)			(Instr. 4)	
Common Stock 12/01/2						15			M <sup>(1)</sup>	П	20,000	A	\$0	0.1 4		20,000		D	
Common Stock 12/01/20					2015	15					7,340	D	\$32.0	39 <sup>(2)</sup> 41		2,660		D	
Common Stock 12/01/201					2015	.5		S <sup>(1)</sup>		12,660	D	\$32.9	\$32.9022 <sup>(3)</sup>		400,000		D		
		-	Table I								posed of, , convertil				wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	emed ion Date, /Day/Year)	4. Transa Code ( 8)				Expira	te Exerc ation D th/Day/		7. Title and Amo of Securities Underlying Derivative Secur (Instr. 3 and 4)		D	Price of erivative ecurity 1str. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	Owners Form: Direct (I or Indire (I) (Instr	Ownership	Beneficial Ownership ct (Instr. 4)
					Code	v	(A)	(D)	Date Exerc	isable	Expiration Date	Title	Amor or Numl of Share	ber					
Stock Option (right to	\$0.1	12/01/2015			M <sup>(1)</sup>			20,000	(-	4)	07/01/2019	Commo Stock	<sup>n</sup> 20,0	000	\$0	75,000	)	D	

#### **Explanation of Responses:**

- 1. The option exercise and subsequent sale reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on April 15, 2015.
- 2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$31.51 to \$32.50, 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 footnotes (2) and (3) to this Form 4.
- 3. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$32.52 to \$33.23, inclusive.
- 4. The option is immediately exercisable.

### Remarks:

/s/ Jon Kessler

12/02/2015

\*\* 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.