FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Washington, B.C. 20040

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

l	OMB APPRO	DVAL
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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>Hill Angelique Christine</u>					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 Officer (give title Other (specify)					
(Last) (First) (Middle) C/O/ HEALTHEQUITY, INC.					3. Date of Earliest Transaction (Month/Day/Year) 07/12/2019								X Officer (give title Other (specify below) Exec VP, Operations					
15 W. SC	CENIC POI	NTE DR., STE.	100		_ 4. 1	f Amen	ıdmer	nt, Date	of Origi	inal Fi	led (Month/Da	ay/Year)		Individual or	Joint/Group	Filing	ı (Check Ap	plicable
(Street) DRAPEI					, , , , , , , , , , , , , , , , , , , ,								Line) X Form filed by One Reporting Person Form filed by More than One Reporting					
(City)	(S	tate)	(Zip)											Perso	П			
		Tab	le I - N	Non-Deri	vative	Sec	urit	ies Ad	cquire	d, D	isposed o	of, or B	eneficia	lly Owne	d			
1. Title of Security (Instr. 3) 2. Transactio Date (Month/Day/N				Execution Date,		3. Transaction Code (Instr. 8)		Acquired (A) or f (D) (Instr. 3, 4 and 5)		Securit Benefic Owned	5. Amount of Securities Beneficially Owned Following		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership				
								v	Amount	(A) or (D)	Price	Report Transa (Instr. 3	ed ction(s) 3 and 4)			(Instr. 4)		
Common Stock 07/12/20				2019	19		M		2,500	A	\$3.5	15	5,887		D			
Common Stock 07/12/20				019	19			M		7,000	A	\$14	22	2,887		D		
Common Stock 07/12/20				019	19			S		9,500	D	\$71.401	8(1) 13	3,387		D		
		7	Table I								posed of , converti			y Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execu- nth/Day/Year) if any	emed tion Date, n/Day/Year)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exerr Expiration D (Month/Day/		ate	of Securi Underlyi	ng e Security	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Ow For Dir or I (I) (10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amount or Number of Shares					
Stock Option (right to buy)	\$3.5	07/12/2019			M			2,500	(2)	01/30/2024	Common Stock	2,500	\$0	0		D	
Stock Option (right to buy)	\$14	07/12/2019			M			7,000	(2)	07/30/2024	Common Stock	7,000	\$0	0		D	
Stock Option (right to buy)	\$18.93								(2))	09/04/2024	Common Stock	13,200		15,100)	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 \$71.38 to \$71.49, 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.
- 2. The option is immediately exercisable.

/s/ Angelique Hill 07/16/2019

** Signature of Reporting Person

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.