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
Instruction 1(b).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL								
	OMB Number: 3235-0287								
	Estimated average burden								
ı	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*  Parker Stuart B.					2. Issuer Name <b>and</b> Ticker or Trading Symbol <u>HEALTHEQUITY, INC.</u> [ HQY ]									Relationship of Reporting Person(s) to Issuer (Check all applicable)     Director 10% Owner						
(Last)	(Fir	, ,	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 12/09/2021										er (give title v)		Other (below)	· I	
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) DRAPEI	R UT	7 8	34020											X	Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(Sta	ate) (Z	Zip)																	
		Table	I - No	n-Deriva	tive S	Secui	rities	Acc	quired	l, Dis	posed of	, or E	Benefic	ially	Own	ed				
1. Title of Security (Instr. 3)  2. Transactic Date (Month/Day/					Execution Date,		,			s Acquired (A) or f (D) (Instr. 3, 4 a		and 5) Securi Benefi		cially d Following	Form (D) o	vnership n: Direct r Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership			
					Code	v	Amount	(A) o (D)	Price	Trans		action(s) 3 and 4)			(Instr. 4)					
Common Stock 12/09/20						:021			P		25,000	A	\$42.82(1)		30,531			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)	erivative conversion or Exercise (Month/Day/Year) Price of Derivative Security  Execution Date, if any (Month/Day/Year)		4. Transa Code ( 8)	(Instr. Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)  Date Exercisable Expiration Date		7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4)  Amoun or Numbe of Title Shares		t r		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)					

## **Explanation of Responses:**

1. The price reported in Column 4 is a weighted average price. These shares were purchased in multiple transactions at prices ranging from \$42.43 to \$42.93, 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 purchased at each separate price within the range set forth in footnote (1) of this Form 4.

The Power of Attorney given by Mr. Parker was previously filed with the U.S. Securities & Exchange Commission on December 08, 2020 as an exhibit to a statement on Form 3 filed by Mr. Parker with respect to HealthEquity, Inc. and is hereby incorporated by reference.

/s/ Delano W. Ladd, attorney-

12/09/2021

\*\* 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.